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EXAMINER



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COVER LETTER

| TO: Registration Section Division of Corporations | | |
|---|---|--|
| | | |
| | quipment & Leasing, L.L.C. | |
| Name of Limited | d Liability Company | |
| Dear Sir or Madam: | | |
| The enclosed Registered Agent/Registered Office | Change and fee(s) are submitted for filing. | |
| Please return all correspondence concerning this m | natter to the following: | |
| • , , - | · | |
| | | |
| Mr. Rouget Sanchez | | |
| Name of Person | | |
| | | |
| Sanchez Arango Equipment & Leasing, L | .LC. | |
| 1 min company | | |
| 9654 Northwest 70th Street | | |
| 8651 Northwest 70th Street Address | | |
| | | |
| Miami, Florida 33166 | | |
| City/State and Zip Code | | |
| | | |
| | | |
| E-mail address: (to be used for future annual report notification | on) | |
| For further information concerning this matter, ple | ase call: | |
| - | | |
| Rouget Sanchez at (| 305) 592-9252 | |
| Name of Person | Area Code & Daytime Telephone Number | |
| STREET/COURIER ADDRESS: | MAILING ADDRESS: | |
| Registration Section | Registration Section | |
| Division of Corporations | Division of Corporations | |
| Clifton Building | P.O. Box 6327 | |
| 2661 Executive Center Circle | Tallahassee, Florida 32314 | |
| Tallahassee, Florida 32301 | | |
| Enclosed is a check for the following amount: | | |
| \$25 Filing Fee | \$55 Filing Fee & Certified Copy | |
| | | |

** STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

| 1. Name of the limited liability company: <u>Sanchez A</u> | <u>rango Equipment & Leasing, L.L.C</u> | <u>).</u> |
|---|--|---------------|
| 2. (a) Principal office address of limited liability company | y: | _ |
| (Note: MUST BE STREET ADDRESS) | 8651 Northwest 70th Street Miami, Florida 33166 | _ |
| (b) Mailing address of limited liability company: | TACLER OF THE | |
| (Note: MAY BE POST OFFICE BOX) | ASS 1 | <u>-</u> |
| 09/18/2006 | L06000091618 🔀 🏋 | 7 |
| | 4. Document number | , |
| 5. (a) Registered Agent and Registered Office shown on the | | |
| Registered Agent: | Michael P. Peterson | _ |
| Registered Office Address: | 8900 SW 117th Avenue, Suite C-104 Miami, Florida 33176 | <u> </u> |
| (b) Enter name of NEW Registered Agent and/or NEV | W Registered Office address: | |
| NEW Registered Agent: | Rouget Sanchez | |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | 8651 Northwest 70th Street | |
| • | Miami ,FL33166 | — |
| If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company | lorida street address of the registered office | e 1 |
| Rouget Sanchez, Mgrm. Printed or typed name of signee | _ | |
| I hereby accept the appointment or revisiered beent and a comply with the provisions of all statutes relative to the pro and I am familiar with and general the folioations of my po Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company | igree to act in this capacity. I further agree oper and complete performance of my dutiensition as registered agent as provided for increly reflect a change in the registered offices y has been notified in writing of this change | to s, i |

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent