2008 LIMITED LIABILITY COMPANY

May 07, 2008 8:00 am Secretary of State DOCUMENT # L06000094383 05-07-2008 90022 024 ***138.75 1. Entity Name YELLOW IRON PARTNERS, LLC Principal Place of Business Mailing Address 611141111 225 W. VIRGINIA AVE 225 W. VIRGINIA AVE PUNTA GORDA, FL 33950 PUNTA GORDA, FL 33950 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04162008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 20-5640828 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KOCH, REXFORD-R Street Address (P.O. Box Number is Not Acceptable) 225 W. VIRGINIA AVE PUNTA GORDA, FL 33950 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR Addition TITLE Change TITLE ☐ Delete COMMERCIAL LEASING -FL . LLC NAME NAME STREET ADDRESS 225 W VIRGINIA AVE STREET ADDRESS CITY-ST-ZIP PUNTA GORDA, FL 33950 CITY-ST-ZIP MGR TITLE ☐ Delete TITLE ☐ Change Addition TERRA EQUIPMENT SALES INC NAME NAME STREET ADDRESS 7280 PELAS CIR STREET ADDRESS CITY-ST-ZIP NORTH FORT MYERS, FL 33917 CITY-ST-ZIP MBR Change ☐ Addition Delete TITLE TITLE Winslow Holdings, i P.O. Box 512 114_ WINDSOR HOLDINGS, LLC NAME NAME STREET ADDRESS PO BOX 512116 STREET ADDRESS Punta Borda, Fi PUNTA GORDA, FL 33951 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER MANAGER, OR AUTHORIZE REPRESENTATIVE

CITY-ST-ZIP

FILED