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DIVISION OF CORPORATION OF NOT NOW 26 PM 2: 52

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.

agent, or both, in the State of Florida.	or reg	ister ea
1. The name of the limited liability company is: Big Lake Auto Leasin	9,6	<u>LC</u>
2. The mailing address of the limited liability company is: 2625 SE Hary	41	11
OKeechobee, FL 34	97	4.
09/24/2007 40700009778	3	
3. Date of filing/registration in Florida 4. Document number		
5. The name of the registered agent and the registered office address as shown on the records Florida Department of State: Donald S. Chapman Name Name Address Okeechobee, FL 34972 City, State and Zip	s of the 07 NOV 26	SCCRETAR SCCRETAR OF C
6. The name and address of the new registered agent and/or office:	PH	
Donald S. Chapman 2625 SE Hwy 441	2: 52	SHATTONS
Florida street address (P.O. Box NOT acceptable)		
Okeechobee FL 34974 City, State and Zip		
If the limited liability company is not organized under the laws of the State of Florida, it is he confirmed that after the change or changes are made, the Florida street address of the register	ereby red off	ice

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

(Signature of a member or authorized representative of a member)

(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent)

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