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K.SALY EXAMINER APR 19 2012

Fm:LLC PUBLISHING CORP. To:TL HEALTHCARE LEASING LLC - Agent Change (18506176383) 17:02 04/4(7/1/20066723843))2-2

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: TL HEALTHCARE LEASING LLC 2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) (Note: MAY BE POST OFFICE BOX (Note: MAY BE PO	Garage and the manufacture of a factorial				
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(Note: MAY BE POST OFFICE BOX) 2071 FLATBUSH AVE STE 22 BROOKLYN, NY 11234 1.08000060848 3. Date of filing/registration in Florida 4. Document number Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Agent: Registered Agent: INCORP SERVICES, INC. Registered Office Address: 17888 67TH COURT NORTH LOXAHATCHEE, FL 33470 (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: NEW Registered Agent: NEW Registered Agent: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) 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 of authorized personative of a member: ALEX ENGLARD - AUTHORIZED PERSON Printed or typed mane of signee In this capacity. I further agree to complete performance of my duties, and all am analysis with and accept the abligations of my profession 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. In the Intelled Inability company has been notified in writing of this change. ALEX ENGLARD - SPECIAL SECRETARY	(<u>Note: MUST BE STREET ADDRESS</u>)				
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	Signature of Registered Agent	ALEX ENGLARD - SPECIAL SECRETARY			

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