

L16000129891

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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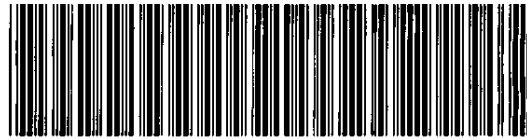
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. HAMPTON
SEP 15 2011
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

11 SEP 14 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

August 30, 2011

WALCO LEASING, LLC
2150 W FIRST ST
STE A-2
FT MYERS, FL 33901

SUBJECT: WALCO LEASING, LLC
Ref. Number: L10000129891

We have received your document for WALCO LEASING, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 211A00020264

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: WALCO LEASING, LLC

2. (a) Principal office address of limited liability company: 2150 W. FIRST ST #A-2

(Note: **MUST BE STREET ADDRESS**)

FORT MYERS FL 33901

(b) Mailing address of limited liability company:

SAME

(Note: **MAY BE POST OFFICE BOX**)

12-20-10

3. Date of filing/registration in Florida

L 10000129891

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

TRUMAN J COSTELLO

Registered Office Address:

12670 NEW BRITTANY BLVD #101
FORT MYERS
FLORIDA 33907

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent:

T. JOHN COSTELLO, JR

NEW Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

12670 NEW BRITTANY BLVD #101
FORT MYERS
, FL 33907

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.

Walter L. Johnson
Signature of a member or authorized representative of a member

WALTER L. JOHNSON
Printed or typed name of signer

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.

Walter L. Johnson
Signature of Registered Agent

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

FILED
SEP 14 AM 9:55
TALLAHASSEE, FLORIDA
SECRETARY OF STATE