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SECRETARY OF STATE

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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Florida Financial and Leasing Group LLC

Name of Limited 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 matter to the following:

Radu Craciun

Name of Person

Florida Financial and Leasing Group LLC

Firm/Company

4101 E. MLK Blvd

Address

Tampa, FL 33610

City/State and Zip Code

raducr@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Radu Craciun

_{a.},813

484-3922

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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: Florida Financial and	Leasing Group LLC			_
2. (a) Principal office address of limited liability comparation (Note: MUST BE STREET ADDRESS)	ny: 4101 E. MLK Blvd Tampa, FL 33610	4101E.	DR. MIK JR	. BLV
			- 元帝 3	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	107 N. Burlingame Ave Temple Terrace, FL 336	517	- 10	-
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01/04/2012	L12000001194		Fig 😦	
3. Date of filing/registration in Florida	4. Document nur	mber	100 F	
5. (a) Registered Agent and Registered Office shown or	n the records of the	: Florida De	pt. of State: 2	
Registered Agent:	Rusu, Nicoleta		***************************************	
Registered Office Address:	107 N. Burlingame Ave, B, Temple Terrace FL 33617 US			
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u> <u>NEW</u> Registered Agent:	Radu Craciun			
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	4101 E. MLK Bivd	4101 €. 1	DR. 176K, JR	BLV
Medi bu i boldbii si kba i i i bakba)	TAMPA		,FL_33610	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change the members of the limited liability company or as otherwise the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	Florida street addrest entical. Or, in the ca (s) was/were author wise provided in the	ess of the re ase of a Flor rized by an a	gistered office rida limited affirmative vote	of
NICOLETA RUSU/RASU	CRACIO	111		
Printed or typed name of signee /		•		
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to haddress, I hereby confirm that the limited liability compositions of the composition of	l agree to act in this proper and complet position as register nerely reflect a cha any has been notifie	s capacity. te performan ed agent as inge in the r ed in writing	I further agree ince of my duties provided for in egistered office of this change.	to,

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

Signature of Registered Agent