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COVER LETTER

TO: Registration Section Division of Corporations	•				
DL Leasing, LLC					
Name of Limited Liability Company					
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Of	ffice Change and fee(s) are submitted for filing.				
Please return all correspondence concerning th	his matter to the following:				
John Alan Lewis					
Name of Person	 ,				
J. Alan Lewis, PLLC					
Firm/Company					
207 SE A Street					
Address					
Bentonville, Arkansas 72712					
City/State and Zip Code					
razorbackelectric@gmail.com					
E-mail address: (to be used for future an	nual report notification)				
For further information concerning this matter	r, please call:				
John Alan Lewis	at (268-5888				
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				

INHS18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. N	ame of the limited liability company: DL Leasing, I	LLC		
2. (a)	910 SW 15th Avenue	(b) 910 S	W 15th Avenue	
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Delray Beach, Florida 33444	Delray	Delray Beach, Florida 33444	
	January 6, 2016	L16000	004944	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	Derek A. Lewis			
J. (45,	Registered Agent and Registered Office shown on the records of	the Florida Dept. of S	tate:	
	5170 Garfield Road		1 20 20 20 20 20 20 20 20 20 20 20 20 20	
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	P I	
	Delray Beach FI	33484	FILED AND 5 MISOCI 21 AND 5 TALLAHASSEE FLORE	
(b)	Derek A. Lewis		T STA	
, ,	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	TE T	
	910 SW 15th Avenue			
	NEW Registered Office Address:			
	Delray Beach FI	33444	_	
the ch agent was/w	limited liability company is not organized under the la tange or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of the operating agreement of the	ws of the State of f the registered off iability company, i of the limited liabi	ice and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in	
	Mul A Mis	Derek A. L		
Sign	ature of a member or authorized representative of a member		Printed or typed name of signee	
provi: the ob to me:	eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete oligations of my position as registered agent as provide rely reflect a change in the registered office address, I ged in writing of this change.	ree to act in this co e performance of n ed for in Chapter 6 hereby confirm th	apacity. I further agree to comply with the sy duties, and I am familiar with and accept 05, F.S. Or, if this document is being filed at the limited liability company has been	