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		Account Name : C T CORPORATION SYSTEM
		Account Number : FCA000000023
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-	5	्रिट्र Fax Number : (614)573-3996
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## ASSET LEASING SERVICES, LLC

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## 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. Name of the limited liability company: Asset Leasing Services, LLC							
(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0	') <u> </u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	3311 Gulf Breeze Pkwy #187		3	311 Gulf Breeze Pkwy #187			
	Gulf Breeze, FL 32586	<del>-</del>	G	ulf Breeze, FL 32586			
	2/15/2021		L210000	93837			
3.	Date of filing/registration in Florida	4.		Document number			
5. (a)	Justin Sonntag						
J. (4)	Registered Agent and Registered Office shown on the records of a 3311 Gulf Breeze Parkway #187		·	uale:			
	Registered Office Address MUST BE FLORIDA STREET A	I <u>DD</u> RESS	2	2024 120			
	Gulf Breeze , FL	32586		2824 HAY -8 PM			
(b)	C T Corporation System			SSE			
	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	dress:				
	1200 South Pine Island Road			7. 01 5: 01			
	NEW Registered Office Address:						
	Plantation	33324		_			
change agent w was/we	mited liability company is not organized under the law or changes are made, the Florida street address of the rill be identical. Or, in the case of a Florida limited lial are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	rs of the registere bility con f the limi	d office a mpany, it ited fiabil	ind the business office of the registered is hereby confirmed that the change(s) lity company or as otherwise provided in			
	kallingu Vidlo	Kuth	ryn Viotto				
	ure of a member or methodized representative of a member			Printed or typed name of signee			
provisie the obli to mere	y accept the appointment as registered agent and agreens of all statutes relative to the proper and complete pyations of my position as registered agent as provided ly reflect a change in the registered office address, I have in writing of this change.	e to act performa for in C ereby co	in this ca ince of m hapter 60 nfirm tha	pacity. I further agree to comply with the y 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			
Signatur	of Registered Agent						
Cathryn A. Widdoes Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: S25.00							