L52187

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	·
Certified Copies	_ Certificates	of Status
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SECRETARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Triangle Leasing of Florida, Inc. (Name of Corporation)
DOCUMENT NUMBER: L52887
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Julie Coyne
(Name of Contact Person)
National Corporate Services, Inc.
(Firm/Company)
3800 N. Rodney Parham Rd., Ste. 301 (Address)
Little Rock, AR 72212
(City/State and Zip Code)
For further information concerning this matter, please call:
Julie Coyne at (866) 416-6274 (Name of Contact Person) (Area Code & Daytime Telephone Number)
(Name of Contact Ferson) (Nea Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Street Address: Amendment Section Division of Corporations Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, change is submitted for a corporation organized under the laws of the State of Florida rder to change its registered office or registered agent, or both, in the State of Florida.	, this
1. The name of	of the corporation: Triangle Leasing of Florida, Inc.	
	pal office address: 3800 N. Rodney Parham Rd., Ste. 301, Little Rock, AR 72212	
3. The mailing	ng address (if different):	
4. Date of incor	corporation/qualification: 02/26/90 Document number: L52887	
5. The name an	and street address of the current registered agent and registered office on file with the partment of State:	
	CT Corporation System	
	1200 S. Pine Island Rd.	SE SE
	Plantation, FL 33324	Page 77
6. The name and (if changed):	and street address of the new registered agent (if changed) and /or registered office	B-5 AMII: 13
	NRAI Services, Inc.	II: I
	2731 Executive Park Drive, Suite 4	ADA ADIS
	(P.O. Box NOT acceptable) Weston, FL 33331	
The street addras changed will	dress of its registered office and the street address of the business office of its regist vill be identical.	ered agent,
Such change w authorized by t	was authorized by resolution duly adopted by its board of directors or by an officer y the board, or the corporation has been notified in writing of the change.	so
Janice	Janice Hull-Chief Accounting Officer	
I hereby accept I further agree of my duties, an document is be corporation for	nature of an officer or director) Pept the appointment as registered agent and agree to act in this capacity, et to comply with the provisions of all statutes relative to the proper and complete p and I am familiar with and accept the obligation of my position as registered agent being filed merely to reflect a change in the registered office address, I hereby confirms been notified in writing of this change. (Signature of Registered Agent)	verformance : Or, if this rm that the
If signing on be	behalf of an entity:	
Sean L. Em		
	(Tymad or Printed Name)	

* * * FILING FEE: \$35.00 * * *