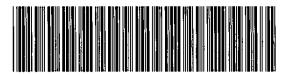
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(Red	questor's Name)	
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(City	y/State/Zip/Phone	#)
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B. KOHR SEP 1 9 2008

EXAMINER





PORATION SERVICE COMPANY ACCOUNT NO. : 072100000032

REFERENCE : 716324 7170034

AUTHORIZATION

ORDER DATE: September 10, 2008

ORDER TIME : 9:19 AM

ORDER NO. : 716324-015

CUSTOMER NO: 7170034

CHANGE OF AGENT

NAME: EQUIPMENT FINANCE LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret

EXAMINER'S INITIALS:

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.

agent, or both, th the state of Fio	riaa.		
1. The name of the limited liabili	ty company is: EQUIPME	NT FINANCE LLC	<u></u> .
2. The mailing address of the lim	ited liability company is:		
101 N. Pointe Blvd., Lancaster, PA 176	501		
07/03/2003		M03000002185	
3. Date of filing/registration in F.	lorida	4. Document number	
5. The name of the registered age Florida Department of State:	nt and the registered office	address as shown on the records o	f the
***************************************	C T Corporation Sys	tem	
	Name		
	1200 South Pine Island	Road	
Address			0
Plantation, FL 33324 City, State and Zip			Ø.
6 m 1 11 6 a	• ,		4
6. The name and address of the ne	w registered agent and/or	office:	一一
	Corporation Service Con	office:	OB SEP 19 PH 1: OF
	Name	jing	岩 宝
	1201 Hays Street		جب المن
Florid	a street address (P.O. Box	NOT acceptable)	AE OS
	allahassee FL	32301	•
	City, State and Zip		
confirmed that after the change or and the business office of the regis liability company, it is hereby con	changes are made, the Flo stered agent will be identic firmed that the change(s) voility company or as otherw limited liability company.	ws of the State of Florida, it is here rida street address of the registered al. Or, in the case of a Florida limiwas/were authorized by an affirmativise provided in the articles of orga	office ited ive vote
Ben Berzin, Jr. (Printed or typed name of signec)			
I hereby accept the appointment a comply with the provisions of all s and I am familiar with and accept Chapter 608, F.S. Or, if this docu address, I hereby applirm that the	andio y	ree to act in this capacity. I further er and complete performance of my tion as registered agent as provided ly reflect a change in the registered ias been notified in writing of this c	agree to v duties, l for in l office change
Michelle R	Vannoy, Asst VP		

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