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M. HODGES

07/15/05--01014--U14 \*\*25.00

## **COVER LETTER**

TO: Amendment Section Division of Corporations			
SUBJECT: RH L'EASING LLC (Name of corporation)			
DOCUMENT NUMBER: 100 400000 1969			
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:			
ROBERT L HETZEL  (Name of contact person)			
QUALITY DEWS OF S.C., INC (Firm/Company)			
S739 CORPORATION CR (Address)			
(City/state and zip code)			
For further information concerning this matter, please call:			
Marilyn GLOW at (239) 694-3070  (Area code & daytime telephone number)			
Enclosed is a 2000 check made payable to the Department of State.			
Mailing Address:  Amendment Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314  Street Address:  Amendment Section  Division of Corporations  409 E. Gaines Street  Tallahassee, FL 32399			

## 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. The name of the limited liability company is: RH	LEASING, LLC (SC)
2. The mailing address of the limited liability company is:	5739 CORPORATIONCE
FT. MYE	15, FL
7-12-05	M04000001969
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the registered offic Florida Department of State:	•
CTCORPORATION	SYSTEM
1200 South Ping	SYSTEM ISLAND PL-TEAM I
PLANTATION FL. City, State and	33324 Zip
6. The name and address of the new registered agent and/or	**
ROBERT L HE	TZEL
5739 CORPORA	FIOUCR 3
Florida street address (P.O. Box	k NOT acceptable)
FT MYELS FL	<u> 33905                                  </u>
City, State and Z	•
If the limited liability company is not organized under the leconfirmed that after the change or changes are made, the Fl and the business office of the registered agent will be identifiability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwisthe operating agreement of the limited liability company.	orida street address of the registered office ical. Or, in the case of a Florida limited
(Signature of a member of authorized depresentative of a member)  ROBELT L HETZEL	
(Printed or typed name of signes)  I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pri and I am familiar with and accept the obligations of my po. Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to per and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office has been notified in writing of this change.
Division of Corporations, P.O. Box 63	27, Tallahassee, FL 32314
INMSIN(10/99) Dapt. of State FILING FEE S	25.00