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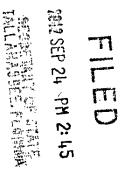
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ · Certificates	of Status
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J. BRYAN
SEP 25 2012
EXAMINER



Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company

Capitol Corporate Services, Inc.

PO Box 1831 Austin, TX 78767

Phone: 800-345-4647 Fax: 800-432-3622

regagent@capitolservices.com

Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 DATE: STATE:

9/18/2012 FLORIDA

REP UNIT:

ORIX COMMERCIAL FINANCE, LLC

Enclosed for filing please find a Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company for the above referenced name, which is to be filed in your office. Enclosed is check #22926 in the amount of \$25.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call 800-345-4647 and ask for the Change of Agent Section of the Registered Agent Department.

Should you need to return this document for any reason please send it to:

Capitol Corporate Services, Inc. PO Box 1831 Austin, TX 78767





COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: ORIX COMMERCIAL FII Name of Limit	NANCE, LLC	_
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
NA ma I I ama an		
Myra Homer		
Name of Person		ಳ≎ ೬
Capitol Services Registered Agent	: Department	FILED PH 2:45
2025 2 12 12 12	·	The state of the s
800 Brazos, Suite 400		四篇 至 口
Address		12 to
Austin, Texas 78701 City/State and Zip Code	·	5
E-mail address: (to be used for future annual report notification	ation)	
For further information concerning this matter, p	lease call:	
Myra Homer at e		_
Nation of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section Division of Corporations	Registration Section	
Clifton Building	Division of Corporations P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	
Tallahassee, Florida 32301	•	
Enclosed is a check for the following an	nount:	
\$25 Filing Fee	S55 Filing Fee & Certified Copy	

INHS18 (5/08)

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. Wattle of the minicul habitity company.	MMERCIAL FINANCE, LLC
2. (a) Principal office address of limited liability compa	any:
(Note: MUST BE STREET ADDRESS)	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	M05000003722 4. Document number on the records of the Florida Dept. of State: CORPORATION SERVICE COMPANY
7/6/2005	M05000003722
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown of	on the records of the Florida Dept. of State:
Registered Agent:	CORPORATION SERVICE COMPANY 5
Registered Office Address:	1201 HAYS STREET
	TALLAHASSEE FL 32301
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	EW Registered Office address:
NEW Registered Agent:	Capitol Corporate Services, Inc.
P. T.	155 Office Plaza Drive, Suite A
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Tallahassee , FL 32301
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be id liability company, it is hereby confirmed that the change of the members of the limited liability company or as ot or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	Tallahassee , FL 32301 the laws of the State of Florida, it is hereby the Florida street address of the registered office tentical. Or, in the case of a Florida limited to(s) was/were authorized by an affirmative vote
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be id liability company, it is hereby confirmed that the change of the members of the limited liability company or as of or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Fram Holdings, Inc., Managing Member	Tallahassee , FL 32301 the laws of the State of Florida, it is hereby the Florida street address of the registered office tentical. Or, in the case of a Florida limited to(s) was/were authorized by an affirmative vote
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be id liability company, it is hereby confirmed that the change of the members of the limited liability company or as of or the operating agreement of the limited liability company or as of or the operating agreement of the limited liability company or as of or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Fram Holdings, Inc., Managing Member Elizabeth Daane Secretary Printed or typed name of signee I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or. if this document is being filed to address, I hereby confirm that the limited liability comp	Tallahassee , FL 32301 the laws of the State of Florida, it is hereby to Florida street address of the registered office entical. Or, in the case of a Florida limited c(s) was/were authorized by an affirmative vote therwise provided in the articles of organization any. d agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in merely reflect a change in the registered office any has been notified in writing of this change.
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be id liability company, it is hereby confirmed that the change of the members of the limited liability company or as of or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Fram Holdings, Inc., Managing Member Elizabeth Daane, Secretary Printed or typed name of signee	Tallahassee , FL 32301 the laws of the State of Florida, it is hereby to Florida street address of the registered office entical. Or, in the case of a Florida limited (c(s)) was/were authorized by an affirmative vote therwise provided in the articles of organization any. I further agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in merely reflect a change in the registered office any has been notified in writing of this change.

FILING FEE: \$25.00