## M1206001020

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		

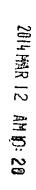
Office Use Only



800257679088

03/12/14--01023--020 \*\*25.00

MAR 1 3 2014





CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Lockard llockar2@cscinfo.com

Date: March 10, 2014

Order#: 027310-010

Re: AMERICAN RESIDENTIAL LEASING COMPANY, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX \_\_ File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Lindsey Lockard

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

<u>ہ</u>

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114. 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: AMERICAN RES	SIDENTIAL LEASING COMP	PANY, LLC
<ol> <li>(a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)</li> </ol>	: 7047 EAST GREENWAY	PARKWAY, SUITE 35
(	SCOTTSDALE	Az 85254
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
12/17/2012	M12000007020	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on	the records of the Florida	Dept. of State:
Registered Agent:	CAPITOL CORPORATE SERVCIES, INC.	
Registered Office Address:	155 OFFICE PLAZA DR S	2014 TE/A
	TALLAHASSEE	FL, 32301
		2
(b) Enter name of <b>NEW Registered Agent</b> and/or <b>NEV</b>	W Registered Office add	ress:
NEW Registered Agent:	Corporation Service Comp	· · · · · · · · · · · · · · · · · · ·
NEW Registered Office Address:	1201 Hays Street	N S
(MUST BE FLORIDA STREET ADDRESS)	Tallahassee	,FL_32301
If the limited liability company is not organized under the lonfirmed that after the change or changes are made, the Fland the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwithe operating agreement of the limited liability company.  Signature of a manber or authorized representative of a member	orida street address of the ical. Or, in the case of a F was/were authorized by a	registered office lorida limited in affirmative vote of
DONA PRIEBE Authorized Person Printed or typed name of signee	_	
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pround I am familiar with and accept the obligations of my pochapter 605, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company By:  Signature of Registered Agent Corporation Service Company	gree to act in this capacity per and complete perform sition as registered agent rely reflect a change in the has been notified in writh Grace E. Kirby, Asst V.P	
L		

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