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CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 590326 8192876 AUTHORIZATION COST LIMIT : ORDER DATE: April 5, 2022 ORDER TIME : 2:48 PM ORDER NO. : 590326-010 CUSTOMER NO: 8192876 CHANGE OF AGENT NAME: SMARTPAY LEASING LLC PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY XX PLAIN STAMPED COPY CONTACT PERSON: Alexxis Weiland

EXAMINER'S INITIALS:

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. Na	ame of the limited liability company: SMARTPAY LE	ASING	LL	С			
2. (a)	720 Pete Rose Way, Suite 400		(b) 720 Pete Rose Way, Suite 400				
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(~)			ss of limited liability company: Y BE POST OFFICE BOX	
	Cincinnati, OH 45202			Cincinna ———	ati, OH 45202	2	
	01/17/2017		i	M170000	000433	-	
3.	Date of filing/registration in Florida	4.	_		Document	number	
5. (a)							
,	Registered Agent and Registered Office shown on the records of VCORP SERVICES, LLC	the Flori	ida I	Dept. of St	ate:		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 1200 S PINE ISLAND ROAD						
	PLANTATION	33324	33324			2022 A.P.3	
(b)							
(0)	Enter name of NEW Registered Agent and/or NEW Registered	l Office :	add	ress:	_	شن.	
	Corporation Service Company				 		
	NEW Registered Office Address:				_	7	
	1201 Hays Street						
	Tallahassee FI	32301					
change agent v was/we	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registe ability of of the li	red con mit	office a pany, it ed liabili	nd the busine is hereby cor ity company (ess office of the registered affirmed that the change(s)	
/s/ Mar	tin Kuhn	Ma	artii	n Kuhn, /	Authorized Po	erson	
Signa	ture of a member or authorized representative of a member				Printed or ty	ped name of signce	
provisi the obl to mere	by accept the appointment as registered agent and agrons of all statutes relative to the proper and complete igations of my position as registered agent as provideely reflect a change in the registered office address, I it in writing of this change.	ree to ac perform d for in hereby c	ct in nan Ch con	n this cap ice of my capter 60 firm thai	pacity. I further duties, and his of the limited limit	her agree to comply with the am familiar with and accept this document is being filed iability company has been	
Signatu	re of Registered Agent	Grace E	. K	irby. Ass	st. Vice Presi	dent	