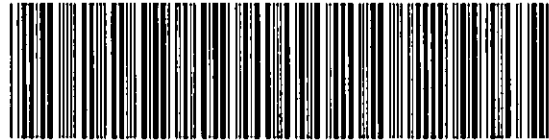


M23 000011366



300414169233

10/05/23--01001--004 **25.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J

Office Use Only

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DIVISION OF CORPORATE REGISTRATION
STATE OF FLORIDA

2023 OCT -4 PM 2:36
DIVISION OF CORPORATE REGISTRATION
STATE OF FLORIDA

R. HUNT
10/09/23

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: DJD Equipment Fleet Leasing, LLC

Enter new principal office address, if applicable: _____

*(Principal office address
MUST BE A STREET ADDRESS)*

2730 S. Falkenburg Road

Riverview, FL 33578

Enter new mailing address, if applicable: _____

*(Mailing address
MAY BE A POST OFFICE BOX)*

2730 S. Falkenburg Road

Riverview, FL 33578

2. The Florida document number of this limited liability company is: M23000011366

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 09/01/2023

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, Florida _____
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

2023 OCT -4 PM 12:40
DIVISION OF STATE REGISTRATION

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

| <u>Title/ Capacity</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|---|----------------------------|---|--|
| <u>CEO</u> | <u>Adam Tschetter</u> | <u>2730 S. Falkenburg Road, Riverview, FL 33578</u> | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| <u>Executive Vice President CFO</u> | <u>Chris Gay</u> | <u>2730 S. Falkenburg Road, Riverview, FL 33578</u> | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| <u>VP of Accounting & Financial Reporting</u> | <u>Ben Richmond</u> | <u>2730 S. Falkenburg Road, Riverview, FL 33578</u> | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| <u>VP of Product Support</u> | <u>Mike Kemmerer</u> | <u>2730 S. Falkenburg Road, Riverview, FL 33578</u> | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| <u>AP</u> | <u>Richard E.M. Nichol</u> | <u>6070 Poplar Avenue, Suite 750, Memphis, TN 38119</u> | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |

2023 OCT -4 PM 12:40
DIVISION OF CORPORATE
STATE

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

Michael A. Orians, Manager

Typed or printed name of signee

Filing Fee: \$25.00