

M23 000011366

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

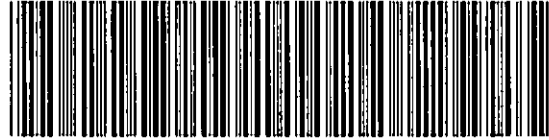
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Division of State Courts

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Division of State Courts

DEPARTMENT OF REVENUE  
TALLAHASSEE, FLORIDA

10/05/23

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


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DIVISION OF REVENUE

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

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

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Division of State  
Office of Secretary of State