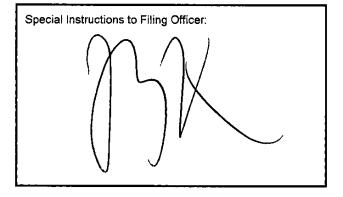
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(Re	equestor's Name)				
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PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
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DEPART: THE OF STATE
DIVISION OF SHAPE



ACCOUNT NO. : 072100000032

REFERENCE : 969577 7170034

AUTHORIZATION :

COST LIMIT : \$ 25

ORDER DATE: June 26, 2007

ORDER TIME : 10:04 AM

ORDER NO. : 969577-460

CUSTOMER NO: 7170034

CHANGE OF AGENT

NAME: PNC EQUIPMENT FINANCE, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Harry B. Davis

EXAMINER'S INITIALS:

## 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. The name of the limite	d liability company i	s: PNC EQUIP	MENT FINANCE, LI	LC		
2. The mailing address of	the limited liability	company is : _				
620 Liberty Avenue, 13th Floor, Two PNC Center, Pittsburgh, PA 15222-2719						
October 6, 1999			M99000001586			
3. Date of filing/registrati	on in Florida		4. Document nun	nber		
5. The name of the registe Florida Department of S		gistered office	address as shown	on the records of the		
•	CT (	Corporation Syste	m	7.0		
	Name PS 07					
1200 South Pine Island Road						
Address						
		ntation, FL 33324		SAN		
City, state and Zip						
Address Plantation, FL 33324 City, State and Zip  6. The name and address of the new registered agent and/or office:						
Corporation Service Company R						
Name						
1201 Hays Street						
Florida street address (P.O. Box NOT acceptable)						
	Tallahassee	FL	32301			
	City,	State and Zip				
If the limited liability comconfirmed that after the chand the business office of liability company, it is her of the members of the limited or the operating agreement (Signature of a member or authorized)	ange or changes are the registered agent eby confirmed that the ited liability comparant of the limited liabil	made, the Flor will be identicated the change(s) was otherwity company.	ida street address al. Or, in the case as/were authorize	of the registered office of a Florida limited d by an affirmative vote		
(o.g	7-2 / - Pr	,				
Maureen Cullen, Attorney In F	act					
(Printed or typed name of signee)  I hereby accept the appoint the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm (Signature of Registered Agent)	ntment as registered s of all statutes related accept the obligation is document is being that the limited liabi	3	ee to act in this ca er and complete pe ion as registered a y reflect a change as been notified in	pacity. I further agree to erformance of my duties, igent as provided for in in the registered office a writing of this change.		

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