

Document Number Only

MA99000001617

C T CORPORATION SYSTEM

Requestor's Name  
660 East Jefferson Street

Address  
Tallahassee, FL 32301 (850)222-1092  
City State Zip Phone

CORPORATION(S) NAME

800003407198--7  
-09/28/00--01006--026  
\*\*\*\*\*25.00 \*\*\*\*\*25.00

Premium Lease & Finance, LLC

- ☐ Profit ☐ Amendment ☐ Merger  
☐ NonProfit ☐ Dissolution/Withdrawal ☐ Mark  
☐ Limited Liability Company ☐ Other  
☐ Foreign ☐ Annual Report ☒ Change of R.A.  
☐ Limited Partnership ☐ Reservation ☐ Fictitious Name  
☐ Reinstatement ☐ Photo Copies ☐ CUS  
☐ Limited Liability Partnership ☐ Call When Ready ☐ Call if Problem ☐ After 4:30  
☐ Certified Copy ☒ Will Wait ☒ Pick Up  
☐ Call When Ready ☐ Walk In ☐ Mail Out

Name Availability
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9/27

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THANKS

CONNIE BRYAN

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32301

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90 SEP 27 PM 4:14

CR2E031 (1-89)

**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 limited liability company is: Premium Lease & Finance, LLC
2. The mailing address of the limited liability company is : 250 Carpenter Frwy, Irving, TX 75062

10/13/99

M99000001617

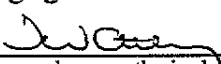
3. Date of filing/registration in Florida
4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Corporation Service Company  
Name  
1201 Hayes St., Suite 105  
Address  
Tallahassee, FL 32301  
City, State and Zip

6. The name and address of the new registered agent and/or office:

C T Corporation System  
Name  
1200 South Pine Island Road  
Florida street address (P.O. Box NOT acceptable)  
Plantation FL 33324  
City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

  
(Signature of a member or authorized representative of a member)

Terri Atteberry, Asst. Secretary  
(Printed or typed name of signee)

*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 608, 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.*

CT CORPORATION SYSTEM

  
(Signature of Registered Agent)

Michael E. Jones

Assistant Secretary

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INHS18(10/99)

**FILING FEE: \$25.00**

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AND  
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