P000000009834

| (Requestor's Name) | - |
|---|---|
| (Address) | - |
| (Address) | • |
| (City/State/Zip/Phone #) | - |
| PICK-UP WAIT MAIL | |
| (Business Entity Name) | - |
| (Document Number) | - |
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DECHETARY OF STATE
ALLAHASSEE, FLORIDA

COVER LETTER

Amendment Section Division of Corporations

TO:

| SUBJECT: | SAFE HARBOR LEASING, INC. | s sa= ses= |
|-------------------------------|---|---|
| | (Name of corporation) | |
| DOCUMENT NUMBER:_ | P0000069834 | /š |
| The enclosed Statement of C | Change of Registered Office/Agent and fee are submitted for filing. | |
| Please return all corresponde | ence concerning this matter to the following: | |
| | Edward S. Weinstein (Name of contact person) | 2 |
| | CIVIL TRIAL PRACTICE, P.A. (Firm/Company) | FILED |
| | 152 NE 167th Street Suite # 300 | ե ։ 30 |
| . v a | Miami, FL 33162 (City/state and zip code) | Constitution of the second |
| For further information conc | cerning this matter, please call: | |
| Edward S. Weinste | ein at (305) 944-4884 | a de la companya de |
| (Name of con | ntact person) (Area code & daytime telephone number) | |
| Enclosed is a \$35.00 check n | made payable to the Department of State. | |

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| 1. The name of th | a cornoration | Safe Harbor Leasi | ng, Inc. | | | | | * F*z |
|--|---|---|---|---|--|----------------------------------|------------------|-----------------------|
| 2. The principal of | | NE 10TH AVE Bay | | BEACH FL 331 | | · <u> </u> | | |
| z. The principal o | inoc address. | | era an inches | | | :- | - | |
| 3. The mailing ad | dress (if different): 15 | | | , MIAMI, FL 33 | 162 | | | |
| | | <u></u> | <u> </u> | | | - | | |
| 4. Date of incorpo | oration/qualification: | 07/21/2000 | Document nu | ımber: P0000 | 00069834 | · | | |
| 5. The name and : Florida Departi | street address of the coment of State: | urrent registered age | nt and registered | office on file w | rith the | | | |
| | | DAVID AELION | · · <u>· · · · · · · · · · · · · · · · · </u> | <u> </u> | _ , | | | , .). |
| | 19501 NE | 10TH AVE N MIAM | BEACH FL 33 | 169 | | | | »· ·==== |
| * . î | | | | | — — — — — — — — — — — — — — — — — — — | <u> </u> | 2 | |
| 6. The name and s (if changed): | street address of the n | ew registered agent (| ` , | or registered of | ffice ffice | LONE LARY OF | - i | |
| - | 152 | NE 167th Street S | uite # 300 | | | ™ S!. | _ | |
| - | | O. Box NOT acceptable) | <u> </u> | | | ان کا | 3 | |
| - | | Miami, FL 33162 | . e was it. | | | | | F |
| The street address | s of its registered off be identical. | ice and the street ac | ldress of the bus | iness office of | its register | ed ager | ıt, | |
| - | authorized by resolutions to board, or the corpor | | | | | | | |
| Daniel | alle Vi | 1-4 | D. | AVID AELION | | | | ارچين د ماهندر سال |
| (Signature | of an officer of director) | aintavad aparet and | • | ed or typed name and | • | | | |
| I hereby accept in I further agree to of my duties, and document is bein corporation has l | he appointment as re comply with the pro I am familiar with a g filed merely to refl been notified in writi | gisterea agent and t visions of all statute nd accept the oblige ect a change in the i ng of this change, | ugree to uct in the es relative to the ation of my posit registered office | nts capacity, proper and co tion as register address, I here | mplete per ed agent. eby confirm | forman Or, if th 1 that th | ice iis ie | |
| Mal | last | <u> </u> | 8/12/0 | (Date) | | | | all the |
| | ature of Registered Agent) | | - | (Date) | _ | | | |
| If signing on beh | alf of an entity: | | | | | | | |
| FDWAF | RD S. WEINSTEIN | | | | | | | ف د |

* * * FILING FEE: \$35.00 * * *

(Typed or Printed Name)