## Florida Department of State

Division of Corporations Public Access System

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or.

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

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REGISTERED AGENT CHANGE

TOYOTA MOTOR CREDIT CORPORATION

Certificate of Status	0
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MAR 3 0 2009

**EXAMINER** 

https://etile.sunbiz.org/scripts/efilcovr.exe

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

statement of chan	rovisions of sections 607.0502, 617.0502, 60 ge is submitted for a corporation organized to change its registered office or registered	under the laws of the State of California	5
1. The name of th	e corporation: Toyota Motor Credit Corporati	ion	
2. The principal o			
3. The mailing ad	dress (if different):		
4. Date of incorpo	mation/qualification: 04/18/84	Document auniber: P01664	
5. The name and Florida Departs	street address of the current registered agent ment of State: (If resigned, enter resigned)	and registered office on file with the	
	PRENTICE HALL CORPORATION SYSTE		
	1201 Hays Street, Tallahassee, Fl	32301-2525	9
6. The name and (if changed);	street address of the new registered agent (i C T Corporation S	• , ,	O9 MAR 30 PM 3:
	c/o C T Corporation System, 1200	South Pine Island Road	<b>ま</b> 分の
	(P.O. Box NOT arceptable)	`	9
	Plantation, Florida		N.
Such change was an incrized by the	se of its registered office and the street added to identical.  s authorized by resolution duly adopted by a board, or the corporation has been notified by the corporation has been notified by the corporation has been notified by the corporation because of the other orders of the other orders or the other orders orders orders or the other orders or the other orders or the other orders or the other orders orders orders orde	ress of the business office of its registered  its board of directors or by an officer so ed in writing of the change.  Don Boadway Vice President  (Prioted or Wied usine and 100)	agent,
I hereby accept I further agree to document is beli corporation has		gree to act in this cupacity. I relative to the proper and complete perfe tion of my position as registered agent. O egistered office address, I hereby confirm	ormance r, if this that the
By: Ja 1	pating of Registered Agent)	03/20/2009 (Dus)	
If signing on be			
Dow Bord	VAY Asst. Secretary  Appell or Prisoned Nume)  ** * FILLING FEE:		
M	Make checks payable to Flori all to: Division of Corporations, P.O.	da Department of State Box 6327, Tallahassee, FL 32314	