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Division of Corporations Fax Number : (850)617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I2000000195 : (850)521-1000 : (850)558-1515 (850) 521-1000 Phone Fax Number

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## REGISTERED AGENT CHANGE LEASING RESOURCES OF AMERICA 3, INC.

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

statement of cl	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this hange is submitted for a corporation organized under the laws of the State of Florida der to change its registered office or registered agent, or both, in the State of Florida.
	f the corporation: LEASING RESOURCES OF AMERICA 3, INC.
	al office address: 9280 Bay Plaza Boulevard, #715, Tampa, FL 33619
3. The mailing	address (if different):
4. Date of inco	proporation/qualification: 12/15/2003 Document number: P03000151609
	nd street address of the current registered agent and registered office on file with the artment of State:
	John W Hardin
	9280 Bay Plaza Boulevard, # 715
	Tampa, FL 33619
6. The name a (if changed)	Corporation Service Company  1201 Hays Street  (P.O. Box NOT ucceptable)  Tallahassee, FL 32301  Tess of its registered office and the street address of the business office of its registered office.
	Corporation Service Company
	1201 Hays Street
	(P.O. Box NOT acceptable)
	Tallahassee, FL 32301
The street add	ress of its registered office and the street address of the business office of its registered again,
Such change ventionized by	vas authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.
	John W. Hardin, President
, ,	three of the officer or (director) (1'renert or typod name and title)
I hereby accept further agree of my duties, a document is be corporation his	of the appointment as registered agent and agree to uct in this capacity. It to comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this eing filed merely to reflect a change in the registered office address, I hereby confirm that the as been notified in writing of this change.
By:	Signature of Registered Agent)  March 1.001  (Date)
If signing on t	sehalf of an entity:
Grace Kirby	, Asst. VP
	(Typed or Printed Name)
	* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL. 32314
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