Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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

From:

Account Name : CORPORATION SERVICE COMPANY Account Number : 120000000195
Phone : (850)521-1000
Fax Number : (850)558-1515

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:___

REGISTERED AGENT CHANGE LEASING RESOURCES OF AMERICA 2, INC.

Certificate of Status	0
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Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

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

Prosument to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida	_	
in order to change its registered office or registered agent, or both, in the State of Florida.	-	
1. The name of the corporation: LEASING RESOURCES OF AMERICA 2, INC.		
2. The principal office address: 9280 Bay Plaza Boulevard, #715, Tampa, FL 33619	•,	
3. The mailing address (if different):		
4. Date of incorporation/qualification: 12/15/2003 Document number: P03000151653		
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:		
John W Hardin	= 1	
9280 Bay Plaza Boulevard, #715	MAR	
Tampa, FL 33619	-7	<u>स्</u>
(if changed):	<u>₹</u>	
Corporation Service Company	<u>ာ</u>	
1201 Hays Street		
(P.O. Hox NOT acceptable)		
Tallahassee, FL 32301		
The street address of its registered office and the street address of the business office of its registered ager as changed will be identical.	it,	
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.		
John W Hardin, President		
(Printed of typed some sud title) I hereby accept the appointment as registered agent and unree to not in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performant of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if the document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.	ce iis ie	
Gorporation Service Company By: 3 100 100 100 100 100 100 100 100 100 1		
(Signature of Registered Agent) (Date)	•	
If signing on behalf of an entity:		
Grace Kirby, Asst. VP (Typed or Printed Name)		
* * * FILING FEE: \$35.60 * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TAILAHASSEE, FL 32314
CR2E045 (8/05)