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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.

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REGISTERED AGENT CHANGE LEASING RESOURCES OF AMERICA, INC.

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Help

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

Pursuant to the provisions of sections 607.0502, 617.050, statement of change is submitted for a corporation organ.	
in order to change its registered office or registe	
I. The name of the corporation: LEASING RESOUR	· ·
2. The principal office address: 9280 Bay Plaza Boule	vard, #715, Tampa, FL 33619
2. The patraparentee dangers.	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 12/15/2003	Document number: P03000151742
5. The name and street address of the current registered at Florida Department of State:	gent and registered office on file with the
John W. Hardin	
9280 Bay Plaza Boulevard, #715	<u></u>
Tampa, FL 33619	of (if chanced) and /or registered office
6. The name and street address of the new registered agen (if changed);	9 0
Corporation Service Company	9 64 6
1201 Hays Street	PH 4: 30
(P.O. Box NOT acceptable)	30
Tallahassee, FL 32301	
The street address of its registered office and the street as changed will be identical.	address of the business office of its registered agent,
Such change was authorized by resolution daily adopted authorized by the board, or the corporation has been no	
a state of the sta	John W Hardin, President
Franke of an olliver or threater) Thereby accept the appointment as registered agent and I further agree to comply with the provisions of all state of my duties, and I am familiar with and accept the oblidecument is being filed merely to reflect a change in the corporation has been notified in writing of this change.	(Prined or typed name and title) d agree to act in this capacity, utes relative to the proper and complete performance igation of my position as registered agent. Or, if this e registered office address, I hereby confirm that the
By: (Signification of Registered Agent)	3.4-2011 (Pade)
If signing on behalf of an entity:	
Grace Kirby, Asst. VP	
(Typed or Printed Name)	. C. C. L. C.
* * * FILING FE	/E.: 3.30.00 = = 7

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