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C. Coulliette JOL 1 6 2007

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, thinge is submitted for a corporation organized under the laws of the State of Florida error to change its registered office or registered agent, or both, in the State of Florida.	<u></u>
	the corporation: Legacy Leasing Group, Inc.	
	office address: 101 North Monroe Street, Suite 900, Tallahassee, FL 32309	
3. The mailing a	address (if different): Same	
4. Date of incor	poration/qualification: 10/18/2006 Document number: P06000132396	
	d street address of the current registered agent and registered office on file with the rtment of State:	·
	Charles L. Cooper, Jr.	
	3520 Thomasville Road, Suite 200	
	Tallahassee, FL 32309	<u> </u>
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	OT JUL 16 PH 4: 39
	Charles L. Cooper, Jr.	6 1 COR
	101 North Monroe Street, Suite 900	H 1
	(P.O. Box NOT acceptable)	رية د ن :
	Tallahassee, FL 32301	9
The street addr as changed wil	ess of its registered office and the street address of the business office of its registere libe identical.	ed agent,
Such change wauthorized by t	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.	
(Signat	ure of an officer or director) STEPHEN F. BEEN - A	<u>45.</u>
I hereby accept I further agree of my duties, a document if be corporation ha	t the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete perj nd I am familiar with and accept the obligation of my position as registered agent. (ing filed merely to reflect a change in the registered office address, I hereby confirm speen natified in writing of this change.	formance Or, if this that the
	ignahere of Registered Agent) 7 - /6 - 0 7 (Date)	
If signing on bo	ehalf of an entity:	
	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 CR2E045 (8/05)