## P07000057115

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SECRE WARY OF STATE
TAFLAHUSSEE, FLORID

R-A. Charge C.COULLIETTE

APR 07 2011

**EXAMINER** 



ACCOUNT NO. :	12000000195	
REFERENCE :	733100 7826886	
AUTHORIZATION :	Loubelenan	
COST LIMIT :		
ORDER DATE : April 5, 2011		
ORDER TIME : 9:17 AM		
ORDER NO. : 733100-018		
CUSTOMER NO: 7826886		
~-~~	<b></b>	
CHANGE OF AGENT		
NAME: LM EQUIPMENT LE	ASING, INC.	
PLEASE RETURN THE FOLLOWING AS P	ROOF OF FILING:	
CERTIFIED COPY  XX PLAIN STAMPED COPY		
CONTACT PERSON: Jeanine Reynold	s EXT# 2933	
	EXAMINER:	

## 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, this unge is submitted for a corporation organized under the laws of the State of Florida er to change its registered office or registered agent, or both, in the State of Florida.
1 The name of	the corporation: LM EQUIPMENT LEASING, INC.
2. The principal	office address: 604 Stanton Drive, Weston, FL 33326
3. The mailing a	address (if different):
4. Date of incor	poration/qualification: 05/11/2007 Document number: P07000057115
	d street address of the current registered agent and registered office on file with the rtment of State:
	Massaro, Louis
	604 Stanton Drive
	Weston, FL 33326
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office
	Corporation Service Company
	1201 Hays Street
	(P.O. Box NOT acceptable)
	Tallahassee, FL 32301
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, Explain the identical.
Such change w authorized by the	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	Maureen Cathell, Attorney In Fact (Printed or typed name and title)
I further agree of my duties, ar document is 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 performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the s been notified in writing of this change. on Scrvice Company
By: Sx	04/06/2011
<i>O</i> Si	gnature of Registered Agent) (Date)
	ehalf of an entity:
Sylvia Quepp	ret, Asst. VP Typed or Printed Name)
,	•• • • • • • • • • • • • • • • • • • • •

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

\* \* \* FILING FEE: \$35.00 \* \* \*