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ION SERVICE COMPANY.						
ACCOUNT NO. : 12000000195						
REFERENCE : 090962 7979292						
AUTHORIZATION Spelle Reaction						
COST LIMIT : \$38.00						
ORDER DATE : April 10, 2014						
ORDER TIME : 3:33 PM						
ORDER NO. : 090962-005						
CUSTOMER NO: 7979292						

<u>CHANGE OF AGENT</u>						
NAME: EQUIPMENT FINANCIAL SOLUTIONS, INC.						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
CERTIFIED COPY XX PLAIN STAMPED COPY						
CONTACT PERSON: Emily Gray EXT# 52920						

EXAMINER:

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

	provisions of sections 607.0502, 6 ange is submitted for a corporation					
	er to change its registered office or				-	
1. The name of	the corporation: Equipment Finance	al Solutions, Inc.				
2. The principal	office address: 6413 Congress Av	venue, Suite 260, Boca	Raton, FL 334	187		
	,				 ,	
3. The mailing a	address (if different): 1201 Hays S	treet, Tallahassee, FL	32301			
4. Date of incor	poration/qualification: 7/19/2011	Document	number: P110	00064933		
	d street address of the current regis rtment of State: (If resigned, enter	_	red office on file	e with the		
	Kimberley K Stein, Esquire		·			
	13107 Atlantic Blvd., Suite 201					
	Jacksonville	FL	32225	3	<u> </u>	
6. The name and (if changed):	Jacksonville FL 32225 d street address of the new registered agent (if changed) and /or registered office Corporation Service Company					
	1201 Hays Street	<u>-</u>			工	
		ox NOT acceptable			5: 0	
	Tallahassee	FL	32301	— <u> </u>	O	
as changed will	ess of its registered office and the be identical as authorized by resolution duly a neobard, or the corporation has be				ıt,	
/(/	HX	Michael P. Willi	iams	CEO		
I hereby accept I further agree i performance of agent. Or, if thi hereby confirm Corporatio By: Sign	the appointment as registered age to comply with the provisions of a my duties, and I am familiar with is document is being filed merely that the corporation has been not n Service Company	ent and agree to act in ll statutes relative to th and accept the obligat to reflect a change in t	this capacity, the proper and ction of my positive registered of change.			
Т 3	ped or Printed Name					
	* * * FILIN	G FEE: \$35.00 * * *				

Make checks payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
CR2E045 (03/12)