## Pa1772

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone	ə #)
PICK-UP	WAIT	MAIL
(B	usiness Entity Nan	ne)
(D	ocument Number)	<u></u>
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use Onl	v





SECRETARY OF STATE

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	ACCOUNT NO.	: 07210000032	
	REFERENCE	: 457905 7484544	
	AUTHORIZATION	atticia typut	
~ <b>- - - - - - - -</b>	COST LIMIT	: \$ 35.00	
ORDER DATE	: June 29, 2005	-	
ORDER TIME	: 9:19 AM		-
ORDER NO.	: 457905-330	and the second	
CUSTOMER N	0: 7484544		- <b>-</b> .
CUSTOMER:	Sandra Dudney Citizens Financial 910 Douglas Pike	Group, Inc.	· · · · ·
	Smithfield, RI 029	917	یں 44 میں جب

## <u>CHANGE OF AGENT</u>

NAME: CITIZENS LEASING CORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY

 XX
 PLAIN STAMPED COPY

CONTACT PERSON: Amanda Haddan

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

1 The name of the comporation CLILDENS DEASING CORPORATIO	ZENS LEASING C	The name of the corporation. CITIZENS	TION
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2. The principal office address:
One Citizens Plaza, Providence, RI 02903-8339
3. The mailing address (if different):
4. Date of incorporation/qualification: 11/15/1988 Document number: P21772
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
C T Corporation System
1200 South Pine Island Road
6. The name and street address of the new registered agent (if changed) and /or registered office
1201 Hays Street
(P.O. Box NOT acceptable)
Tallahassee, FL 32301
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
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.
Maureen Cullen, Attorney in Fact (Signature of an officer or director) Maureen Cullen, Attorney in Fact
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this 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.

By (Signature of Registered Agent)

June	22,	2005	
	·		· · · · · · · · · · · · · · · · · · ·
	_		(Date)

If signing on behalf of an entity:

Sylvia Queppet, Asst. VP

(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