Florida Department of State

Division of Corporations Public Access System

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To:

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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : MCLIN & BURNSED P.A.

Account Number: 104657003604 Phone: (352)753-4690 Fax Number: (352)205-8413

CT 31 AM 8: 00 TARY OF STATE HASSEE: FLORIDA

REGISTERED AGENT CHANGE

CUSTOM COACH LEASING, INC.

Certificate of Status	0
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Page Count	03
Estimated Charge	\$35.00

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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Custom Coach Leasing Inc.
(Name of Corporation)
DOCUMENT NUMBER: P94000021714
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filling.
Please return all correspondence concerning this matter to the following:
Jeffrey P. Skates
(Name of Contact Person)
McLin & Burnsed P.A.
(Firm/Company)
(and company)
1950 Laurel Manor Drive, Suite 140
(Address)
The Villegrap Florida 20100
The Villages, Florida 32162 (City/State and Zip Code)
For further information concerning this matter, please call:
Vivian M. Grecco at (352) 259-5018
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Enclosed is a \$35.00 check made payable to the Department of State.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CR2E045 (8/05)

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida. I. The name of the corporation: Custom Coach Leasing, Inc. 2, The principal office address: 31017 Altway Road Leesburg, Florida 34748 3. The mailing address (if different); ___ Document number: P94000021714 4. Date of incorporation/qualification: 03/15/1994 5. The name and street address of the current registered agent and registered office on file with the Plorida Department of State: (If resigned, enter resigned) Walter S. McLin, III 1000 West Main Street Leesburg, Florida 34748 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Jeffrey P. Skatos 1950 Laurel Manor Drive, Suite 140 (P.O. Box NOT acceptable) The Villages, Florida 32162 The street address of its registered office and the street address of the business office of its registered agent, as abanged will/be identical. Such chan authorized sufficiency or the corporation duly adopted by its board of directors or by an officer so joshu, or the corporation has been notified in writing of the change. 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 performant of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if the document is deing filed merely to reflect a change in the registered office address, I hereby confirm that the carporation has been notified in writing of this change. If signing on behalf of an entity: Jeffrey P. Skates (Typed or Printed Name)

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

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