## P94000033691

(Requestor's Name)					
(Address)					
(Address)					
(Ĉit	ty/State/Zip/Phone	e #)			
PICK-UP	MAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					
·					

Office Use Only



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09/17/07--01041--001 \*\*35.00

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O7 SEP 17 PM 1: 30

SECRETARY OF STATE

Marion

## **COVER LETTER**

Amendment Section Division of Corporations

TO:

C	CKED LEASING INC						
SUBJECT: CHI	SUBJECT: CHECKER LEASING, INC. (Name of Corporation)						
DOCUMENT NUM	BER: P94000033691		·				
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.							
Please return all corre	espondence concerning this matter	to the following:					
<u>D</u>	. JAY SNYDER, ESQ. (Name of Cor	tact Person)					
D. JAY SNYDER, P.A. (Firm/Company)							
6529 Central Avenue (Address)							
St.	Petersburg, FL 33710 (City/State an	d Zip Code)	· · · · · · · · · · · · · · · · · · ·				
For further information concerning this matter, please call:							
D. JAY SNYDER, E	SQ. e of Contact Person)	at ( 727 (Area Code	381-0000 & Daytime Telephone Number)				
Enclosed is a \$35.00	check made payable to the Depart	ment of State.	·				
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Divisio Clifton	address: ment Section n of Corporations Building				
	Tallahassee FL 32314	2661 E	xecutive Center Circle				

Tallahassee, FL 32301

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

	provisions of sections 607.0502, 617.0502, 60 ange is submitted for a corporation organized			•
in orde	er to change its registered office or registered	agent, or both, it	n the State of Flo	orida.
1. The name of	the corporation: CHECKER LEASING, INC.			
2. The principal	office address: 5201 Gulf Boulevard			**************************************
<del></del>	St. Pete Beach, FL 33706			
3. The mailing a	address (if different): P.O. Box 66330	<del></del>		
	St. Petersburg, FL 33736			<u> </u>
4. Date of incor	poration/qualification: 05/02/94	Document num	ber: <u>P940000</u>	33691 විශ <b>ප</b>
	d street address of the current registered agent rtment of State:	and registered of	ffice on file with	T SEP
	Jerry E. Vallee			経って
•	5201 Gulf Boulevard			F 3 1
	St. Pete Beach, FL 33706			1: 30
6. The name and (if changed):	d street address of the new registered agent (if	changed) and /or		
	Carol B. Vallee			
	5201 Gulf Boulevard			
	(P.O. Box NOT acceptable) St. Pete Beach, FL 33706			
The street address changed will	ess of its registered office and the street addr be identical.	ess of the busin	ess office of its	registered agent,
Such change was authorized by the	as authorized by resolution duly adopted by ne board, or the corporation has been notified	its board of dire	ctors or by an che change.	officer so
Care	O Valler use of an officer or director)	CAROL	B. VALL	
I hereby accept	the appointment as registered agent and ag to comply with the provisions of all statutes ad I am familiar with and accept the obligati ing filed merely to reflect a change in the reg s been notified in writing of this change.	ree to act in this	or typed name and tit s capacity proper and comp on as registered daress, I hereby	
Cause	gnature of Registered Agent)	09	12.0	7
	half of an entity:	•	(2000)	
CAROL	B. VAIIBE			
Ō	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)