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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

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Secretary of State

954.968.7900

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000012819 (5)

DON L. LEASING GROUP DB, INC.

| 220 NW, 2390 AVENUE SUITE 0 - 100 | Descinal Disc | e of Rusinger | Mailwa Addrons | | | | |
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| Suite Co - 100 POWPANO BEACH FL 20089-1047 POWPANO BEACH FL | Principal Place of Business Mailing Address 2020 NW 2020 AVENUE | | | | | , teatitati ink faist dinii adiin adiin adiin adiin tahu ilke iski iski iski iski iski iski iski is | |
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| 29 | | 0 | City & State | | | • | 6. Election Campaign Financing \$5.00 May Be |
| 9. Name and Address of Current Registered Agent 10. Name and Address of Name Registered Agent 11. Name and Address of Name Registered Agent 12. Stried Address (P.O. Box Number is Not Acceptable) 13. Name and Address of Not Registered Agent 14. Pursuant to the provisions of Sections 607 0502 and 607 1500. Floridas Statutes, the above-named corporation automits this statement for the purpose of changing its registered agent or registered agent or both, in the State of Rords Such change was subtricted by the corporation automits this statement for the purpose of changing its registered agent a manufacture of acceptable of the change was subtricted by the corporation automits this statement for the purpose of changing its registered agent a manufacture of the acceptable of the change was subtricted by the corporation automits this statement for the purpose of changing its registered agent a manufacture of the acceptable of the change was subtricted by the corporation automits this statement for the purpose of changing its registered agent a manufacture of the acceptable of the change was subtricted by the corporation automits this statement for the purpose of changing its registered agent a manufacture of the acceptable of the change was subtricted by the corporation automits this statement for the purpose of changing its registered agent a manufacture of the acceptable of the corporation automits this statement for the purpose of changing its registered agent a manufacture of the acceptable of the corporation automits this statement for the purpose of changing its registered agent a manufacture of the acceptable purpose of the acceptable | 23 | | | | | | |
| Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent 10, Name and Address (P.O. Box Number is Not Acceptable) 10, Name and Address of Name Agent 10, Name and Name and Name Agent 10, Name and Name | ⊢ , . | h | <u>}</u> ¬ | Щ, | ountry | | |
| COHEN, STEPHEN 3250 NW 23 AVENUE SUITE 0-100 POMPANO BEACH FL 33069 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607-0502 and 607-1508, Florida Statute, the education submits this statement for the purpose of changing its registered agent or both, in the State of Torida. Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent and accept the designations of Section 607-0505. Florida Statute, the bed appointment as registered affect in the provisions of Sections 607-0505 Florida Statute, the designation submits this statement for the purpose of changing its registered affect in the provisions of Section 607-0505 Florida Statute, the designation submits this statement for the purpose of changing its registered affect in the provisions of Section 607-0505 Florida Statute, the designation submits this statement for the purpose of changing its registered affect in the purpose of Changing is registered affect in the purpose of Change is registered affect in the purpose of Changing is registered affect in the purpose of Changing is registered affect in the corporation is board of directors. I hereby accept the appointment as registered affect in the corporation is board of directors. I hereby accept the appointment as registered affect in the corporation is board of directors. I hereby accept the appointment as registered affect in the corporation is board of directors. I hereby accept the appointment as registered affect in the corporation is board of directors. I hereby accept the appointment as registered affect in the corporation is board of directors. I hereby accept the appointment as registered affect in the corporation is board of directors. I hereby accept the appointment as registered affect in the corporation is board of directors. I hereby accept the appointment as registered affect in the corporation is board of directors. I hereby accept the appointment as registered affect in the corporation is board of directors. I here | 24 | | | 30 | | | |
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| SUITE 0-100 POMPANO BEACH FL 33069 84 City FL 85 Zip Code 11. Pursuant to the provisioned of Sections 507 0x02 and 637 1508. Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Statutes, the above named corporation's board of directors. I heroby accept the appointment as registered agent, or both, in the State of Florida Statutes. SIGNATURE SIGNATURE 12. OF FICE RS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PO DELETE 11 TILE | | | | | | | |
| 11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits his statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Statutes, the above-named corporation submits his statement for the purpose of changing its registered agent or both, in the State of Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent or more than a control of the corporation's board of directors. I hereby accept the appointment as registered agent and familiar with, and accept the obligations of spatial sections in the State of Florida Statutes. 12. | | | | 62 | Street A | odress (P.O. Box Number is Not Acceptable) | |
| 11. Pursuant to the provisions of Sections 607 05.02 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent in familier with, and accept the obligations of, Section 607 0505, Florida Statutes, the obligation of the provision of the p | | | | | 83 | *************************************** | |
| 11. Pursuant to the provisions of Sections 007.05.02 and 607.15.08. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and accept the obligations of, Section 607.05.05. Florida Statutes. SIGNATURE SIGNATURE 12. OFFICHIS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. DELETE 11. TITLE COHEN, STEPHEN 3250 N.W. 23RD AVENUE, SUITE 0 - 100 POMPANO BEACH FL LOYD, MAXWELL 3250 N.W. 23RD AVENUE, SUITE 0 - 100 POMPANO BEACH FL UCYD, MAXWELL 3250 N.W. 23 AVENUE SUITE 0 - 100 POMPANO BEACH FL UCYD, MAXWELL 3250 N.W. 23 AVENUE SUITE 0 - 100 POMPANO BEACH FL Change Addition Addit | | III FUTO DESTOTE L'E GOOD | | | 04 | 011 | |
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| SIGNALIUR | 11. Pursuant | to the provisions of Sections 607.0 | 502 and 607.1508, Florida Stat | tutes, the | above | -named c | orporation submits this statement for the purpose of changing its registered |
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| CITY-S1-7P* 64 CITY-S1-7P | NAM 1 | | | 62 | NAME | | |
| 64 CITY-ST-ZIP 14. If do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual/point of supplier annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the collision of the registry or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name apprears in B ock 12 or Block 13 if Manged bytes and attributes with an address. | STREET ADDRESS | | | 63 | STREET | ADDRESS | |
| 14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this armusifunction graph annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the conditation of the register or true empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Brock 12 or Block 13 if thanged by an adjustic three with an address. | CI*Y-\$1+7⊮* | | | 64 | CITY-ST | -ZiP | |
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PRINTED NAME OF BIGNING OFFICER OR DIRECTOR