DOCUMENT # P96000101862 Feb 29, 2000 8:00 am 1. Entity Name Secretary of State SEMINOLE LEASING CORP. 02-29-2000 90132 041 ***150.00 Principal Place of Business Mailing Address 3111 UNIVERSITY DR., STE, 1000 3111 UNIVERSITY DR., STE. 1000 CORAL SPRINGS FL 33431-1805 CORAL SPRINGS FL 33065 3. Mailing Address 2. Principal Place of Business N MILITARY TR 30 ZO Suite, Apt. #, etc. 10.0 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 100 Applied For City & State 4. FEI Number 65-0713847 RATON, Not Applicable BOCA \$8.75 Additional 5. Certificate of Status Desired 11SA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SARGEANT, DANIEL Street Address (P.O. Box Number is Not Acceptable) 3020 N MILITARY TR 3111 UNIVERSITY DR., STE. 1000 **CORAL SPRINGS FL 33065** City BOCA RATON atement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above nar SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. **Change** ☐ Delete TITLE TITLE SARGEANT, HARRY III NAME NAME 3020 N MILITARY TR \$100 3111 UNIVERSITY DR., STE. 1000 STREET ADDRESS STREET ADDRESS BOCA RATON, FL 33431-1805 CITY-ST-ZIP **CORAL SPRINGS FL 33065** CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE SARGEANT, DANIEL NAME STREET ADDRESS 3111 UNIVERSITY DR., STE. 1000 STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS FL 33065 CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete NAME -NAME · · STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition Change Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florda Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as i made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATION FUE SARCEAN

/2/00 561-999-9916