V18523

(Requestor's Name)	· · · · · · · · · · · · · · · · · · ·
(Address)	
(Address)	
(City/State/Zip/Phone #	<u> </u>
(Otty Catter Elph Hone #	,
PICK-UP WAIT	MAIL
(Business Entity Name)
(Document Number)	
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of che	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, thit ange is submitted for a corporation organized under the laws of the State of Florida ler to change its registered office or registered agent, or both, in the State of Florida.	·s
1. The name of	the corporation: EL CHEAPO LEASING, INC.	
	l office address: 2219 Hayes Street, Hollywood, FL 33020	
3. The mailing a	address (if different):	
4. Date of incor	rporation/qualification: 03/04/1992 Document number: V18523	
	nd street address of the current registered agent and registered office on file with the artment of State:	
	ANDREA SCHWARTZBERG	
	2219 Hayes Street	2
	Hollywood, FL 33020	VISEC
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	SECRETARY VISION OF CO
	The state of the s	
	2219 Hayes Street	9:2
	(P.O. Box NOT acceptable)	C 25
	Hollywood, FL 33020	
The street address changed will	ress of its registered office and the street address of the business office of its registered.	d agent,
Such change wanthorized by the	vas authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.	
tate	Andrea Schwartzberg, Dir./President (Printed or typed name and title)	 .
I hereby accept I further agree of my duties, ar document is be corporation ha	t the appointment as registered bgent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete perfo nd I am familiar with and accept the obligation of my position as registered agent. O ing filed merely to reflect a change in the registered office address, I hereby confirm to been notified in writing of this change.	ormance or, if this that the
tu	sel Antiles Jebruary 21,20	06
	ignature of Registered Agent (Date)	•
ii signing on be	ehalf of an entity:	
(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