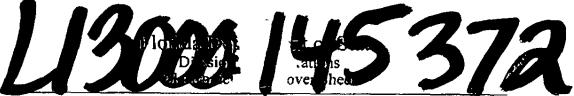
Division of Corporations

Page 1 of 1



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (850)222-1092

Fax Number

: (850)878-5368

**Enter the email address for this business entity to be used for furtified annual report mailings. Enter only one email address please. ** 5!

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LLC REGISTERED AGENT CHANGE POWER RENTAL ASSET CO LLC

Certificate of Status	0
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Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

WAR 21 2011 D. BRUCE

COVER LETTER

POWER RENTAL ASSET CO LLC				
SUBJECT:	imited Liability Company			
Dear Sir or Madam:	, , ,			
The enclosed Registered Agent/Registered Office Ch	name and fee(s) are submitted for filing			
Please return all correspondence concerning this man				
Leslie Carzoli				
Name of Person				
APR Energy, LLC				
Firm/Company			2014	wiers.
3600 Port Jacksonville Parkway		語	MAR	later zan
Address		ASSY ANY	20	
Jacksonville, FL 32226	,	m (2)	III.	17
City/State and Zip Code		STATE LEGRIDA	AM IO:	j. Lunca
Leslie.Carzoli@aprenergy.com		ŞA	0.1	
E-mail address: (to be used for future annual rep	port notification)			
or further information concerning this matter, please	cail:			
Leslie Carzoli at (904 223-2288			
Name of Person	Area Code & Daytime Telephone Nur	nber		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	·		
Tallahassee, Florida 32301		-		
Tandhasco, Plonda 32301				
Enclosed is a check for the following amou	nt:			

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1.	Na	une of the limited liability company;	. ASS	ET CO LLC			_	
2	(a)	3600 PORT JACKSONVILLE PARKWAY		(b) 3600 POP	IT JACKSONVILLE PAR	LKWAY		_
-	(4)	Principal office address of limited liability company:		, ,	Mailing address of limited lis		•	_
		(<i>Note: MUST BE STREET ADDRESS</i>) JACKSONVILLE, PL 32226		IA CIVEON	(Note: MAY BE POST O	FFICE BO	<u>x</u>)	
		MCR30N41LLE, FL 32220	_	JACKSOF	VILLE, FL 32226		-	_
		10/14/2012	-					_
		10/15/2013	, ,	L13000145				_
3.		Date of filling/registration in Florida	4.		Document number			
٤.	(B)	Corporation Service Company			_			
		Registered Agent and Registered Office shown on the records of the	ne Flor	ida Dept. of Stat	œ:			
		Registered Office Address (MUST BB FLORIDA STREET A	DDRE	<u>22)</u>	-		2	
		Tallahasacc , FL	32301		<u>-</u>	产院 完集		em.
	(b)	C T Corporation System				発表の	MAR 2	CORR
	(0)	Enter name of NEW Registered Agent and/or NEW Registered	Omes	nddress;	-	338	Ö	ľ
						ن ما دی دی		
					-	<u>୍</u> ଥିୟ	ë	, s = 1
		NEW Registered Office Address:				골		٠.
		1200 South Pine Island Road			-	raj "	0	
		Plantation FL	33324		_			
the age	cha ent we s/we arti-	mited liability company is not organized under the law age or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liare authorized by an affirmative vote of the members of class of organization or the operating agreement of the law of a member or authorized representative of a member	the rebility the limited	gistered office company, it i imited liabilit d liability com nna Tabor, Aul	e and the business office s hereby confirmed that y company or as otherw apany. horized Person Printed or typed name of si	the chan dise provi	egistere ge(s) ded in	-
Jh pro the to i not C	erel ovision obli nere ified	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I have in writing of this change. The position System	e to d perfor for in ereby	nct in this cap mance of my n Chapter 602 confirm that Madonn	acity. I further agree to dulles, and I am familia i, F.S. Or, if this docum the limited liability comes Cuddiny	comply with an ent is beingang pany has	with the d accepting filed been	
		re of Registered Agent	5	special Assi	stant Secretary			
		Division of Corporations P.O. B	ox 63	27• Tallalıa:	isec, PL 32314			

Division of Corporations P.O. Box 6327 Tallaliassec, FL 32314 FILING FEE: \$25.00

INHS18 (2/14)