

Division of Corporations

Page 1 of 1

**L1300 145 372**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000068012 3)))



H140000680123ABCW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

2014 MAR 20 AM 10:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

**LLC REGISTERED AGENT CHANGE  
POWER RENTAL ASSET CO LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 03      |
| Estimated Charge      | \$25.00 |

RECEIVED

14 MAR 20 PM 3:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAR 21 2014  
D. BRUCE

Electronic Filing Menu Corporate Filing Menu Help

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** POWER RENTAL ASSET CO LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Leslie Carzoli  
Name of Person

APR Energy, LLC  
Firm/Company

3600 Port Jacksonville Parkway  
Address

Jacksonville, FL 32226  
City/State and Zip Code

Leslie.Carzoli@apraenergy.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Leslie Carzoli at ( 904 ) 223-2288  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- \$25 Filing Fee                       \$55 Filing Fee & Certified Copy

INHS18 (2/14)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2014 MAR 20 AM 10:10

FILED

**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. Name of the limited liability company: POWER RENTAL ASSET CO LLC

2. (a) 3600 PORT JACKSONVILLE PARKWAY (b) 3600 PORT JACKSONVILLE PARKWAY  
 Principal office address of limited liability company: Mailing address of limited liability company:  
 (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)  
JACKSONVILLE, FL 32226 JACKSONVILLE, FL 32226

3. 10/15/2013 4. L13000145372  
 Date of filing/registration in Florida Document number

5. (a) Corporation Service Company  
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
1201 Hays Street  
Tallahassee, FL 32301

(b) C T Corporation System  
 Enter name of NEW Registered Agent and/or NEW Registered Office address:  
NEW Registered Office Address:  
1200 South Pine Island Road  
Plantation, FL 33324

FILED  
 2014 MAR 20 AM 10:10  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Anna Tabor  
 Signature of a member or authorized representative of a member

Anna Tabor, Authorized Person  
 Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

By: Madonna Cuddihy  
 Signature of Registered Agent

**Madonna Cuddihy**  
**Special Assistant Secretary**

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