SIGNATURE: DONALD E. CHRISTOPHER

that my name appears above, or on an attachment with all other like empowered.

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L05000108274 Entity Name: CHRISTOPHER RENTALS, LLC

Current Principal Place of Business:

390 NORTH ORANGE AVENUE SUITE 1875 ORLANDO, FL 32801

Current Mailing Address:

POST OFFICE BOX 1549 ORLANDO, FL 32802

FEI Number: 81-0680606

Name and Address of Current Registered Agent:

CHRISTOPHER, DONALD E 390 NORTH ORANGE AVENUE SUITE 1875 ORLANDO, FL 32801 US

Certificate of Status Desired: No

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent
Authorized Person(s) Detail :

	Title	MGRM	Title	MGRM
	Name	CHRISTOPHER, DONALD EMEMBER	Name	CHRISTOPHER, JAMES EMEMBER
	Address	390 NORTH ORANGE AVENUE, SUITE 1875	Address	201 EAST PINE STREET, SUITE 1000
			City-State-Zip:	ORLANDO FL 32801
	City-State-Zip:	ORLANDO FL 32801		

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and

FILED Jan 24, 2013 Secretary of State CC8426121378

01/24/2013

MANAGING MEMBER

Date

Date