F04000004269

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UFUNETARY OF STATE
TALLAHASSEE EN

JR 10/14/20

COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: Technology Resource Rental Corp. Name of Corporation	
DOCUMENT NUMBER: F04000004269	
The enclosed Statement of Change of Registered C	Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this π	natter to the following:
Betty Harper	
Name of Contact Person	
c/o CorpCo	
Firm/Company 910 Foulk Rd Suite 201	
Address	
Wilmington, DE 19803	
City/State and Zip Code	
info@corpco.com	
E-mail address: (to be used for future annual r	eport notification)
For further information concerning this matter, ple	ease call:
Betty Harper	ot (302 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Name of Contact Person	at (302) 652-4800 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the De	epartment of State.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a corporation	617.0502, 607.1508, or 617.1508, Florida Statutes n organized under the laws of the State of <u>New I</u> r registered agent, or both, in the State of Florida.	ersey	•
1. The name of t	he corporation: Technology Resor	urce Rental Corp.		
2. The principal	office address: 51 Everett Drive St	uite A-10		_
•	PRINCETON JUN			_
3. The mailing a	ddress (if different): 508 ALLEG	HENY RIVER BLVD. SUITE 212 OAKMONT, PA	. 15139	_
	oration/qualification: 07/26/2004			
5. The name and		stered agent and registered office on file with the		
	ARD, SHIRLEY & HARTMAN,	P.A	245	2
	207 WEST PARK AVENUE, STI	E. B	Z Z Z	2020 S
	TALLAHASSEE, FL 32301		<u>- 2</u> 2	SEP -
6. The name and (if changed):	street address of the new register	red agent (if changed) and /or registered office	RY OF S	ώ P¥
	Paracorp incorporated		STA	
	155 Office Plaza Drive 1st Floor		ריז	£
		P.O. Box NOT acceptable		
	Tallahassee, FL 32301			
The street addre	ss of its registered office and the be identical.	e street address of the business office of its regist	tered agen	t,
Such change wa authorized by th	s authorized by resolution duly e board, or the corporation has b	adopted by its board of directors or by an officer been notified in writing of the change.	SO	
Ans	Lain	Gregory Lazzaro, President		
I hereby accept I further agree to of my duties, an	the appointment as registered as o comply with the provisions of d I am familiar with and accept ng filed merely to reflect a cham been notified in writing of this c	Printed or typed name and tille gent and agree to act in this capacity. all statutes relative to the proper and complete p the obligation of my position as registered agent ge in the registered office address, I hereby confi change.	performan Or if th irm that th	ce is ie
	all.	8/3/2020		
Sign	ature of Registered Agent	Date		
lf signing on bel	nalf of an entity:			
Jody Moua, Assis	<u> </u>	_		
Tv	ned 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
CR2E045 (04/13)