

FD 400000 4635

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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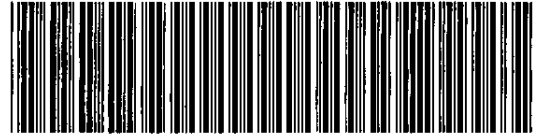
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Karls Rental Center, Inc
Name of Corporation

DOCUMENT NUMBER: F 04000004035

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Noreen Engberg
Name of Contact Person

Karl's Event Services, Inc
Firm/Company

3004 Silver Star Rd
Address

Orlando FL 32808
City/State and Zip Code

noreene@karls.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Noreen Engberg at (407) 297-1165
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Wisconsin in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Karl's Rental Center, Inc
2. The principal office address: 3004 Silver Star Rd
Orlando, FL 32808
3. The mailing address (if different): 7000 S 10th Street
Oak Creek WI 53154
4. Date of incorporation/qualification: _____ Document number: F04000004635
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Noreen Engberg
430 Forestway Cir #208
Altamonte Springs FL 32701

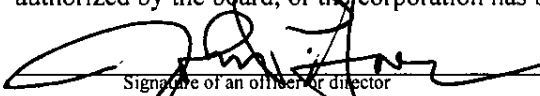
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Noreen Engberg
430 Forestway Cir #201
P.O. Box NOT acceptable
Altamonte Springs, FL 32701

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

 John Haener, Exec. Vice President
Signature of an officer or director Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Noreen Engberg 1-19-11
Signature of Registered Agent Date

If signing on behalf of an entity:

Noreen Engberg
Typed or Printed Name

*** FILING FEE: \$35.00 ***