Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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(((H11000040841 3)))



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REGISTERED AGENT CHANGE DETENTION EQUIPMENT SERVICE INC.

Certificate of Status	0
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MAR 1 4 2011

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EXAMINER

MAR-11,-2011 17:12

Fax Audit# - H110000408413

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

statement of chang	ge is submitted for a corporation orga	502, 607.1508, or 617.1508, Florida Statutes, this anized under the laws of the State of Delaware
in order .	to change its registered office or regi	stered agent, or both, in the State of Florida.
1. The name of the	• •• p•	EQUIPMENT SERVICE INC.
2. The principal or	ffice address: 115 Enterprise D	rive Ste G, Pendergrass, Georgia 30567
3. The mailing add	dress (if different):	
4. Date of incorpo	oration/qualification: 2/12/2008	Document number: F08000000669
	street address of the current registered ment of State: (If resigned, enter resig	agent and registered office on file with the ned)
	NRAI SERVICES, INC.	
7	2731 EXECUTIVE PARK DE	R., STE 4
, -	WESTON FL 33331 US	
6. The name and s (if changed):	street address of the new registered ag	gent (if changed) and /or registered office
_	C T Corporation System	
-	1200 South Pine Island Roa	d, Plantation, Florida 33324
-	P.O. Box	NOT acceptable
The street addres	s of its registered office and the stre	d, Plantation, Florida 33324 NOT acceptable et address of the business office of its registered agent. Stated by its board of directors or by an officer so notified in writing of the change.
Such change was authorized by the	authorized by resolution duly adop board, or the corporation has been	notified in writing of the change.
Signature	of an attract or director	Haren or Harris Corp. Secretar
I hereby accept to I further agree to of my duties, and document is bein corporation has	he appointment as registered agent o comply with the provisions of all si I am familiar with and accept the a g filed merely to reflect a change in been notified in writing of this chan	and agree to act in this capacity. Intutes relative to the proper and complete performance bligation of my position as registered agent. Or, if this the registered office address, I hereby confirm that the ge.
Nall _		5th day of January, 2011
,	ature of Registered Agent	Date
If signing on beh	alf of an entity:	
Mark Williams	, AVP	
Туј	oed or Printed Name	
	• • • FILING	FEE: \$35.00 * * *
MA CR2E045 (8/05)		CLORIDA DEPARTMENT OF STATE P.O. BOX 6327, TALLAHASSEE, FL. 32314

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