PPBPCOOOPC

(Re	questor's Name)			
(100	questorerramo,			
(Ad	dress)			
·	·			
(Address)				
(Cit	y/State/Zip/Phon	e #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificate	s of Status		
Special Instructions to Filing Officer:				





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03/12/18--01034--002 **35.00

TAR 14 2018 T. LEANEUX



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Mary Rivers mary.rivers@cscglobal.com

Date: March 8, 2018

Order#: 100955-008

Re: MOBILEASE MODULAR SPACE, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Mary Rivers c/o Corporation Service Company 251 Little Falls Drive

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

statement of ch	provisions of sections 607.0502, 617.0502, 6 unge is submitted for a corporation organized or to change its registered office or registered	l under the laws of the	State of NEW JERSEY	
	the corporation: MOBILEASE MODULAR SE		. State of 1 winds.	
2. The principal office address: 201 ROUTE 130 PEDRICKTOWN, NJ 08067				
3. The mailing a	address (if different):			
4. Date of incor	poration/qualification: 12/07/2009	Document number:	F09000004844	
	I street address of the current registered agent tment of State: (If resigned, enter resigned)	t and registered office	To and	
	NRAI SERVICES, INC			
	1200 SOUTH PINE ISLAND ROAD		SEC. 2	
	PLANTATION	FL 33324		
6. The name and (if changed):	I street address of the new registered agent (in Corporation Service Company	f changed) and /or reg	istered office	
	1201 Hays Street			
	P.O. Box NOT acce	ptable		
	Tallahassee	FL 32301		
as changed will				
Such change wa authorized by th	as authorized by resolution duly adopted by the board, or the corporation has been notified			
		ter Barton, President		
I hereby accept I further agree i performance of agent. Or, if the hereby confirm	the appointment as registered agent and age to comply with the provisions of all statutes my duties, and I am familiar with and accepts document is being filed merely to reflect a that the corporation has been notified in wrn Service Company	ree to act in this capa relative to the proper of the obligation of m	acity. r and complete v nosition as registered	
By: I	ace Cokubie	03/06/2018 Date		
_	half of an entity;	Date		
Grace E. Kirby,	Asst. Vice President			
T	rped 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 (03/12)