

**F15** Florida Department of State  
 Division of Corporations  
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To: Division of Corporations  
 Fax Number : (850)617-6380

From: Account Name : CAPITOL CORPORATE SERVICES, INC.  
 Account Number : I20160000048  
 Phone : (800)345-4647  
 Fax Number : (800)432-3622

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

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SECRETARY OF STATE  
 TALLAHASSEE, FL

**REGISTERED AGENT CHANGE  
 TRENCH PLATE RENTAL CO.**

Certificate of Status	0
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Estimated Charge	\$35.00

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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J. HORNE

MAY 12 2022

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**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 CALIFORNIA in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: TRENCH PLATE RENTAL CO

2. The principal office address: 13217 LAURELDALE AVE, DOWNEY, CA 90242

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 4/28/2015 Document number: F15000001822

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)

BUSHONG, GARY  
4201 KEAN ROAD  
DAVIE, FL 33314

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

Capitol Corporate Services, Inc.  
515 East Park Avenue 2nd Fl  
P.O. Box NOT acceptable  
Tallahassee, FL 32301

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.

Signature of an officer or director

Phil Mason, President

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.*

Signature of Registered Agent

5/11/2022

Date

If signing on behalf of an entity:

Brian Radecki, Assistant Secretary on behalf of Capitol Corporate Services, Inc.

Typed 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)

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