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To:
Division of Corporations
Fax Number : (850)617-6380

From:
Account Name : BUSINESS FILINGS
Account Number : 185256001628
Phone : (608)827-5300
Fax Number : (608)827-5581

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Email Address: Pankajsachdeva@elmonterv.com

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**REGISTERED AGENT CHANGE
EL MONTE RENTS, INC.**

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

Pursuant to the provisions of sections 607.0302, 617.0302, 607.1308, or 617.1308, 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: EL MONTE RENTS, INC.
2. The principal office address: 12818 Firestone Blvd, Santa Fe Springs, California 90670
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 3/23/1995 Document number: F95000001404
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)

CT CORPORATION SYSTEM

1200 S. PINE ISLAND RD.

PLANTATION, FL 33324

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

Business Filings Incorporated

1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

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

Grant Webster, 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.

Handwritten signature

6th day of December, 2019

Signature of Registered Agent

Date

If signing on behalf of an entity:

Mark Williams, AVP

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 (03/12)

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