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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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

Email Address:

REGISTERED AGENT CHANGE CARRIER RENTAL SYSTEMS, INC.

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R. WHITE

AUG 2 . 2021

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

statement of cha	nge is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of Delaware	_
	-	egistered agent, or both, in the State of Florida.	
i. The name of t	the corporation: Carrier Rental Syste	ns, Inc.	_
2. The principal	office address: 40 Southbelt Industria	J Drive, Houston, TX 77047	
_			
4. Date of incorp	poration/qualification: 02/18/1998	Document number: F98000000955	
	I street address of the current registe trment of State: (If resigned, enter re	red agent and registered office on file with the signed)	
	CT CORPORATION SYSTEM		
	1200 S PINE ISLAND RD		
	PLANTATION, FL 33324	,	
6. The name and (if changed):	l street address of the new registered	agent (if changed) and /or registered office	
	United Agent Group Inc.	<u></u>	ı
	801 US Highway 1		
	North Palm Beach, FL 33408	O. Box NOT acceptable	
The street addre	ess of its registered office and the s be identical.	treet address of the business office of its registered ages	nt,
Such change was authorized by th	as authorized by resolution duly ad ne board, or the corporation has bee	opted by its board of directors or by an officer so en notified in writing of the change.	
/-	Levi Dite	Kevin Duteau, Attorney-in-Fact	
	re of an officer or director	Printed or typed name and title	-
aocument is bei	the appointment as registered age to comply with the provisions of al al I am familiar with and accept th ng filed merely to reflect a change been notified in writing of this ch	nt and agree to act in this capacity. I statutes relative to the proper and complete performan e obligation of my position as registered agent. Or, if the in the registered office address. I hereby confirm that the inge.	ace his he
\mathcal{K}	piri Duten	8/19/2021	
Sign	nature of Registered Agent	Date	_
If signing on be	half of an entity:		
Kevin Duteau, S	pecial Secretary		
r	yped or Printed Name		
	* * * FILIN	G FEE: \$35.00 * * *	