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(Requestor's Name)	900252712569	
(Address)		
(City/State/Zip/Phone #)	10/14/1301004004 **25.00	
(Business Entity Name) (Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer: Office Use Only	2013 OCT 14 AH 7: 54 SCURE LANGE FLORID	

B. BOSTICK OCT 1 5 2013

EXAMINER



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Sylvia Queppet squeppet@cscinfo.com

Date: October 10, 2013

Order#: 841625/007

Re: LAS RENTALS, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Sylvia Queppet c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

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

INCA.XCOA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

agem, or both, in the state of Florida.		
1. Name of the limited liability company: <u>LAS RENTAL</u>	S, LLC	
2. (a) Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	ny: 2350 34th Street N	
(1,100,100,00)	St. Petersbura	FL 33713
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	7150 Haven Street Suite 210 Las Vegas, NV 89119	
07/29/2004	L04000056226	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown o	n the records of the Florid	a Dept. of State:
Registered Agent:	C T Corporation System	
Registered Office Address:	1200 South Pine Island	Road 3
	Plantation	-FL 33324
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	EW Registered Office ad	
NEW Registered Agent:	Corporation Service Con	
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street	7: 5+
	Tallahassee	,FL <u>32301</u>
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change the members of the limited liability company or as others the operating agreement of the limited liability company.	Florida street address of the ntical. Or, in the case of a (s) was/were authorized by wise provided in the article	ne registered office Florida limited an affirmative vote of
/s/ Bryon Koepke		
Signature of a member or authorized representative of a member		
Bryon Koepke, Assistant Secretary Printed or typed name of signee		
The leading of the second of t		

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent Corporation Service Company Sylvia Queppet, Assistant Vice President

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00