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4:16 2005 OCT 14 SECRETARY OF STATE TALLAHASSEE, FLORID (Requestor's Name) (Address) 200060613502 (Address) (City/State/Zip/Phone #) PICK-UP MAIT MAIL 16/14/05--01050--001 \*\*25.06 (Business Entity Name) (Document Number) Certificates of Status Certified Copies\_ Special Instructions to Filing Officer: AL 1 展门

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## COVER LETTER

| TO: Registration Section Division of Corporations  | FILED   |
|--|---|
| SUBJECT: Armstrong (Name of Limited)   | Rentals 2005 DCJLHCP 4: 16  I Liability Company), SECRETARY OF STATE TALLAHASSEE, FLORIDA               |
| Dear Sir or Madam:   |   |
| The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.  |   |
| Please return all correspondence concerning this matter to the following:  |   |
| Edmund J. Armstron   | g, <u>II</u>  |
| Armstrong Rentals,   | LLC   |
| 512 Otto Road  | , <u> </u>  |
| Panama City FL 32404 (City/State and Zip Code)   |   |
| For further information concerning this matter, please call:   |   |
| Tammy Sto Kes, Bookkeger at (  | 850) 819-7602<br>(Area Code & Daytime Telephone Number)   |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 |
| Enclosed is a check for the following amount:  |   |
| \$25 Filing Fee  | \$55 Filing Fee & Certified Copy  |

## 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.  |
|---|
| 1. The name of the limited liability company is: Armstrong Rental EDLC.   |
| 2. The mailing address of the limited liability company is: 512 of the ORPA dis 16. 16. Panama City FL 32404 SECRETARY  |
|   |
| 209/30/2005 3. Date of filing/registration in Florida 4. Document number  |
| 3. Date of filing/registration in Florida 4. Document number  |
| 5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:  Edmund J Armstrong III   |
| 512 Otto Road   |
| Edmund J Armstrong III  Name  512 Otto Road  Address  Panama City FL 32404  City, State and Zip   |
| 6. The name and address of the new registered agent and/or office:  |
| Edmund J Armstrong IT  512 0+to Road  |
| Florida street address (P.O. Box NOT acceptable)  |
| Panama City, FL 32404 City, State and Zip   |
| If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. |
| Signature of a member or authorized representative of a member)   |
| Edmund J Armstrong II (Printed or typed name of signee)   |
| 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 hapter 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)   |

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