

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850) 205-0380

From:

Account Name : AARON A. FARMER, P.L.

Account Number : I20070000090 Phone : (239)262-2040 Fax Number : (239)262-2180

THE CEIVED
7 JUL 10 AM 8: 00

REGISTERED AGENT CHANGE

PBS RENTALS OF PENNSYLVANIA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	0.3
Estimated Charge	\$35.00

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Help

; 07@09/2007 19:31 FAX 2392618477

INTERNATIONAL_IMMIGRATIO

₹002/003

COVER LETTER

TO: Registration Section Division of Corporations	,			
SUBJECT: PBS RENTALS OF PENNSYLVANIA, LLC (Name of Limited Liability Company)				
Dear Sir or Madam:				
The enclosed Registered Agent/Registered	Office Change	e and fee(s) are submitted fo	r filing.	
Please return all correspondence concernin	g this matter to	o the following:		
	.	- · · · · · · · · · · · · · · · · · · ·		
Maria C. Ferrao				
(Name of Person)				
Aaron A. Farmer, P.L.	· · · · · · · · · · · · · · · · · · ·	·	•	
(Firm/Company)				
720 Fifth Avenue South, Suite 211	; .			
(Address)		······································		
Naples, FL 34102	•			
(City/State and Zip Code)				
For further information concerning this ma	tter, please cal	ii:		
Maria C. Ferrao	at (239) 262-20 4 0	·	
(Name of Person)		(Area Code & Daytime Tele	ephone Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	Re Dir P.(AILING ADDRESS: gistration Section vision of Corporations D. Box 6327	·	

Enclosed is a check for the following amount:

Tallahassee, Florida 32301

INF(\$18 (8/05)

• 07,409/2007 19:31 FAX 2392618477

INTERNATIONAL_IMMIGRATIO

₫003/003

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

Pursuant to the provisions of sections 608.4. liability company submits the following states agent, or both, in the State of Florida.	16 or 608.308, Florida Statutes, the undersigne ment in order to change its registered office or r	a nmitea egistered
1. The name of the limited liability company is	s: PBS RENTALS OF PENNSYLVANIA, LLC	
2. The mailing address of the limited liability	company is : 623 NE 5th Terrace,	•
Fort Lauderdale, FL 33304		·
2/2/07	L07000012902	
3. Date of filing/registration in Florida	4. Document number	<u> </u>
5. The name of the registered agent and the reg Florida Department of State:	gistered office address as shown on the records of	the
Fowler White Bog	ggs Banker PA	
	Name	
5811 PELICAN BA	Y BLYD., SUITE 600	-
	Address	DIVISION OF
Naples, FL 34108	•	77
Cir	y, State and Zip	<u>는</u> 호언
6. The name and address of the new registered	l agent and/or office:	· - 국코
Aaron A. Farmer, F	P.L.	- 32
	Name	WELL AND THE A
720 Fifth Avenue So	outh, Suite 211	= ;
Florida street addre	css (P.O. Box NOT acceptable)	CORP KATION
Naples, FL 34102		. o 5.
City,	, State and Zip	
confirmed that after the change or changes are and the business office of the registered agent liability company, it is hereby confirmed that t	ed under the laws of the State of Florida, it is herely made, the Florida street address of the registered will be identical. Or, in the case of a Florida limit the change(s) was/were authorized by an affirmation or as otherwise provided in the articles of organization company.	office ted ve vote
Signature of a munioer of authorized epresentative of a men	mber)	,
Aaron A. Farmer (Printed or typed name of signee)		
	d agent and agree to act in this capacity. I further tive to the proper and complete performance of my ions of my position as registered agent as provided by filed to merely reflect a change in the registered ility company has been notified in writing of this c	agree 10 duties, l for in l office hange.
(Signature of Registered Agent)		
Division of Cornerations, 1	P.O. Box 6327, Tallahassee, EL 32314	

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

INHS18 (8/05)