## L13000145372

	(Requestor's Name)	
	(Àddress)	
(	(Address)	
· · · · · · · · · · · · · · · · · · ·	(City/State/Zip/Phone #)	
PICK-UP	WAIT [	MAIL
1	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of Statu	ıs
	_	
Special Instructions to	Filing Officer:	
•		

Office Use Only



700417582057

CHATHAM O WIS

DIRECTOS OFFICE OF STORATION

RECEIVED

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195					
REFERENCE : 085957 7506529					
AUTHORIZATION: Symbolismen					
COST LIMIT : \$ 25.00					
ORDER DATE : October 24, 2023					
ORDER TIME : 8:58 AM					
ORDER NO. : 085957-008					
CUSTOMER NO: 7506529					
***************************************					
CHANGE OF AGENT					
NAME: POWER RENTAL ASSET CO LLC					
NAME: POWER RENTAL ASSET CO LLC					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY XX PLAIN STAMPED COPY					
AX PLAIN STAMPED COPT					
CONTACT PERSON: Eyliena Baker EXT#					
EXAMINER:					

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. N	lame of the limited liability company: POWER RENTA	AL ASS	ET CO LLC	
2. (a)	4600 TOUCHTON ROAD, BLDG. 100 (b) 4600 TO		DUCHTON ROAD, BLDG. 100	
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		.0)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	SUITE 500		SUITE 5	00
	JACKSONVILLE, FL 32246		JACKSO	NVILLE, FL 32246
	10/15/2013		L1300014	5372
3.	Date of filing/registration in Florida	<b>-</b> 4.	-	Document number
5. (a	)			
J. (a)	Registered Agent and Registered Office shown on the records of	the Flori	la Dept. of Sta	te:
	C T CORPORATION SYSTEM			_
	Registered Office Address (MUST BE FLORIDA STREET.	ADDRES	<u>(S)</u>	*>3
	1200 SOUTH PINE ISLAND ROAD			-
	PLANTATION . FL	33324		닉 .
(b)	Enter name of NEW Registered Agent and/or NEW Registered Corporation Service Company	Office a	ddress:	C7725 A110:55
	NEW Registered Office Address:		<del>,</del>	_
	1201 Hays Street			
				_
	Tallahassee	32301		
change agent was/w the art /s/ Jo	limited liability company is not organized under the lave or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liatere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the seph DiCamillo	registe ability c of the lin limited	red office an ompany, it i nited liabilit	of the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in inpany.
I here provis the ob to mer notifie	thy accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provided rely reflect a change in the registered office address, I had in writing of this change.	ee to ac perforn I for in iereby c	t in this cap ance of mv Chapter 602 onfirm that	acity. I further agree to comply with the

Grace E. Kirby. Asst. Vice President

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

FILING FEE: \$25.00