## M01000002170

(Re	equestor's Name)	_
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	· #)
. PICK-UP	☐ WAIT	MAIL MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	of Status
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September 21, 2005

To Whom It May Concern:

Please file the enclosed change of agent form and return a date stamped copy to my attention. I have enclosed a self address envelope for your convenience.

Should you have any questions, please do not hesitate to contact me. The number I can be reached at is  $1-800-235-0337 \times 118$ 

Sincerely,

Wendy Anders Corporate Services Manager



## 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.

agent, or both, in the State of Florida.		
1. The name of the limited liability co	mpany is: VDC RENTAL LLC	
2. The mailing address of the limited	liability company is: 3233 NEWMARK DRIVE	
MIAMISBURG OH 45342-5422	en e	
09/24/2001	M01000002170	
3. Date of filing/registration in Florida	A CONTRACTOR OF THE CONTRACTOR	
<b>5 C</b>	d the registered office address as shown on the records of the	
*	RATION SYSTEM	
	None 5	
1200 SOUTH PINE ISLAND ROAD		
Address		
City, State and Zip		
6. The name and address of the new re	gistered agent and/or office:	
NRAI Service	s, Inc.	
	Name	
2731 Executive Park Drive, Suite 4		
Florida street address (P.O. Box NOT acceptable)		
Weston	FL 33331	
-	City, State and Zip	
confirmed that after the change or char and the business office of the registere liability company, it is hereby confirme	organized under the laws of the State of Florida, it is hereby nees are made, the Florida street address of the registered office d agent will be identical. Or, in the case of a Florida limited ed that the change(s) was/were authorized by an affirmative vote of mpany or as otherwise provided in the articles of organization or liability company.	
Sensena Manager		
(Signature of a member or authorized representative	e of a member)	
(Printed or typed name of signee)	<u>.                                    </u>	
I hereby accept the appointment as recomply with the provisions of all status and I am familiar with and accept the Chapter 608, F.S. Or, if this against address, I hereby confirm that the limit NRAI Services. Inc.	gistered agent and agree to act in this capacity. I further agree to est relative to the proper and complete performance of my duties, obligations of my position as registered agent as provided for in t is being filed to merely reflect a change in the registered office ted liability company has been notified in writing of this change.	
(Signature of Registered Agent) TRAUS TentsTALT PAST. SEC.		
Division of Corpor	ations, P.O. Box 6327, Tallahassee, FL 32314	

**FILING FEE: \$25.00**