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(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
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SECRETARY OF STATE

J. BRYAN
JAN 25 2011
EXAMINER

COVER LETTER

~	of Corporations	
SUBJECT:		S TRUCK RENTAL, LLC
	Name of	f Limited Liability Company
Dear Sir or Mad	am:	
The enclosed Re	gistered Agent/Registered	Office Change and fee(s) are submitted for filing.
Please return all	correspondence concernir	ng this matter to the following:
	Krystal White Johnson	
	Miller & Martin PLLC Firm/Company	SECRET TALLAHR
1000 Volur	nteer Building, 832 Geor Address	LAHASSEE, FLORII
	Chattanooga, TN 37402 City/State and Zip Code	O(**
E-mail address:	ohnson@millermartin.co (to be used for future annual repor	om It notification)
For further infor	mation concerning this ma	atter, please call:
	al White Johnson	at (423)785-8477
N	ame of Person	Area Code & Daytime Telephone Number
Registrati Division o Clifton Bu 2661 Exec	COURIER ADDRESS: on Section of Corporations uilding cutive Center Circle see, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed	is a check for the follow	ing amount:
\$25 Fi	ling 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. Name of the limited liability company:	Big Truck Rental, LLC
2. (a) Principal office address of limited liability compa	ny:
(Note: MUST BE STREET ADDRESS)	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	LARE PART OF P
08/02/2010	M10000003401
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown of	n the records of the Florida Dept. of State:
Registered Agent:	NRAI Services, Inc.
Registered Office Address:	2731 Executive Park Drive, Suite 4 Weston, FL 33331
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NI</u> <u>NEW Registered Office Address:</u>	Scott V. Dols 1039 South 50th Street
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Tampa ,FL33619
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 idealiability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member. Printed or typed name of signee. I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my properties of the pand I am familiar with and accept the obligations of my properties. I hereby confirm that the limited liability company of the limited liability company of the limited liability company.	e laws of the State of Florida, it is hereby Florida street address of the registered office ntical. Or, in the case of a Florida limited (s) was/were authorized by an affirmative vote erwise provided in the articles of organization by.
by: Ara V A Signature of Registered Agent	

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