MSS0000138 84

(1	Requestor's Name)	1
(/	Address)	
	Address)	
(0	City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(8	Business Entity Name)	
	Document Number)	
entified Copies	Certificates of	Status
Special Instructions to F	iling Officer:	

Office Use Only



300418013483

RECEIVED

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

• • • •

	ACCOUNT NO	. :	12000000195		
	REFERENC	E :	084582 8429		
	AUTHORIZATIO	N :	Synell ble ma	2,	
	COST LIMI	Т :	\$ 25.00		
ORDER DATE :	October 23, 20	23			
ORDER TIME :	1:38 PM				
ORDER NO. :	084532-335				
CUSTOMER NO:	8429361			,	2000
	CHANGE OF		<u>r</u>		<u>α</u>
NAME :	UTILITY SER	VICES	RENTALS, LLC	; ! <u>-</u>	
CERTI	THE FOLLOWING A	AS PRO	OOF OF FILING:		
CONTACT PERSON	N: Eyliena Bake		VER'S INITIALS:		

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.

	pal office address of limited liability company: (Note: MUST BE STREET ADDRESS) GROVE, PA 19090	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
Princi	(Note: MUST BE STREET ADDRESS) GROVE, PA 19090			
WILLOW				
			WILLOW	GROVE, PA 19090
09/07/202	2		M220000	13889
3. Da	te of filing/registration in Florida	4.		Document number
5. (a) C T CORP	ORATION SYSTEM			
` ' —	ent and Registered Office shown on the records of	the Florida	Dept. of Stat	e:
1200 SOU	TH PINE ISLAND ROAD			
Registered ()	flice Address (MUST BE FLORIDA STREET)	ADDRESS,	<u> </u>	٠٠٠
				: · · · · ·
PLANTATI	ON	33324		- · :-i
	, FL,			- (<u>)</u> -
(b)	NEW Registered Agent and/or NEW Registered	Office adv	lress:	- · · · · · · · · · · · · · · · · · · ·
	The state of the s	V/III C uuc	<u></u>	$_{ m H}$ \simeq
Corporatio	n Service Company			
NEW Registe	rred Office Address:			-
1201 Hays	Street			
	<u></u>			- .
Tallahasse	ee	32301		
	, FL	·		_
change or changes agent will be identi was/were authorize	ty company is not organized under the law are made, the Florida street address of the cal. Or, in the case of a Florida limited liad by an affirmative vote of the members of itzation or the operating agreement of the	registered bility core of the limi	d office an npany, it is ted liabilit	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
X\'_e2	. E GONE	JILL	CILMI, AU	JTHORIZED PERSON
Signature of a member	er or authorized representative of a member			Printed or typed name of signee
provisions of all sta the obligations of n	appointment as registered agent and agr nutes relative to the proper and complete nv position as registered agent as provided Thange in the registered office address. I had this change.	performa 1 for in C	nce of my a hapter 605	duties, and I am familiar with and accept i, F.S. Or, if this document is being filed
Signature of Registered				