)000280^{e 1 of 1} rida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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LLC REGISTERED AGENT CHANGE WILLSCOT EQUIPMENT, LLC.

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T. HAMPTON

3/15/2013

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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.

2. (a) Principal office address of limited liability company:	01 S. Bond Street	
(AT.4). ACTION DE COMPEION ADDRESS. C.		
(Note: MUST BE STREET ADDRESS)	ulte 600	
<u>B</u>	altimore, MD 21231	
(b) Mailing address of limited liability company:	01 S. Bond Street	
(Note: MAY BE POST OFFICE BOX)	uite 600	
	altimore, MD 21231	
05/21/1997	19700000280	
3. Date of filing/registration in Florida 4.	Document number	
5. (a) Registered Agent and Registered Office shown on the	records of the Florida Dept	t. of State:
Registered Agent:	ational Corporate Research, Ltd.	, Inc.
Registered Office Address:	55 Office Plaza Drive	
T	allahasson, FL 32301	
<u> </u>	<u> </u>	
(b) Enter name of NEW Registered Agent and/or NEW I	Degletered Office address:	•
	Spaniered Office Address.	ı
NEW Registered Agent:	T Corporation System	
NEW Registered Office Address: 12	200 South Pine Island Road	
(MUST BE FLORIDA STREET ADDRESS)	lantation	.FL 39324
If the limited liability company is not organized under the laws confirmed that after the change or changes are made, the Floriand the business office of the registered agent will be identical liability company, it is hereby confirmed that the change(s) was the members of the limited liability company or as otherwise put the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	s of the State of Florida, it is da street address of the region. Or, in the case of a Floridas/were authorized by an aflorovided in the articles of or	s hereby stered office ia limited firmative vote of ganization or
Samantha Bishop, Secretary Printed or typed name of signes		
I hereby accept the appointment as registered agent and agree comply with the provisions of all statutes relative to the proper and I am familiar with and accept the obligations of my positive Chapter old, F.S. Or, if this document is being filed to merely address, I hereby confirm that the limited liability company has by: C.T. Corporation System Signature of Regimered Agent Kathryn A. Widdoes, Asst. Secretary Division of Corporations, P.O. Box 6327, FILING FEE: \$25.0	Tallahussee, FL 32314	15 AM
INH\$18 (05/08)		i R
		₽ 36

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CT CORPORATION

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