2006 FOR

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Feb 27, 2006 08:00 AM Secretary of State DOCUMENT # Phonocourus 15 1. Entity Name AGNETHE RENTAL MANAGEMENT AND SERVICES, INC. Principal Place of Pusiness Mailing Address 823 ENFIELD STREET BOCA RATON FL 33487 823 ENFIELD STREET BOCA RATON FL 33487 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 58-2516751 Not Applicable Ζìρ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DRINKHOUSE, ERIC W Street Address (P.O. Box Number is Not Acceptable) 823 ENFIELD STREET **BOCA RATON FL 33487** Zip Code 3. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and titlo if applicable (NOTE Registered Agent signature required when remstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Sc After May 1, 2006 Fee Will Be \$550,00 Trust Fund Contribution. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS TITLE ☐ Delete THE ☐ Change ☐ Admir DRINKHOUSE, ERIC W NAME NAME U00000045U59**8** STREET ADDRESS 823 ENFIELD ST STREET ADDRESS 03/10/06-80003-013 150.00 CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FL 33487 Delete Chappe Addition TITLE 3 m DRINKHOUSE, ERIC W NAME NVWE STREET ADDRESS STREET ADDRESS 823 ENFIELD ST CHTY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33487** THILE ☐ Defete TITLE ☐ Change Appliat. MARKE DRINKWHOUSE, ERIC W NAME STREET ADDRESS STREET ADDRESS 823 ENFIELD ST CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33487** ☐ Delete Change T Action TITLE 7ITEF NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP ☐ Change Addition TITLE ☐ Delete TITLE NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-\$7-ZIP ☐ Chartge 18714 ☐ Delete BILE ** Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this fiting does not qualify for the exemptions contained in Section 119, Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under cath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11

ERIC W. DRINKHOUSE, Prenilwat 2/18/2006

if changed, or on an altachment with an address, with all other like empowered.