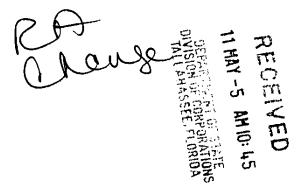
P03000008672

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ACCOUNT NO. : I2000000195 REFERENCE : 745655 7136198 AUTHORIZATION : COST LIMIT : \$ 35.00 ORDER DATE: April 15, 2011 ORDER TIME : 9:36 AM ORDER NO. : 745655-015 CUSTOMER NO: 7136198 CHANGE OF AGENT NAME: AVI RENTAL SERVICES CARIBBEAN DIVISION, INC. PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY XX PLAIN STAMPED COPY

EXAMINER:

CONTACT PERSON: Jeanine Reynolds -- EXT# 2933

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	hange is submitted for a corporation organized under the laws of the State of Florida	
	der to change its registered office or registered agent, or both, in the State of Florida. f the corporation: AVI RENTAL SERVICES CARIBBEAN DIVISION, INC.	
	al office address: 6301 Benjamin Road, Suite 101, Tampa FL 33634	
3. The mailing	address (if different):	
4. Date of incor	prporation/qualification: 01/23/2003 Document number: P03000008672	
	nd street address of the current registered agent and registered office on file with the sartment of State;	
	NRAI Services Inc.	
	515 E. Park Avenue	7
	Tallahassee, FL 32301	7
6. The name an (if changed):	nd street address of the new registered agent (if changed) and /or registered office	1
	1201 Hays Street	
	(P.O. Box NOT acceptable)	
	Tallahassee FL 32301	
The street addr as changed wil	lress of its registered office and the street address of the business office of its registered agent, ill by identical.	
Such change wanthorized by	has authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.	
11	Steve Benjamin, EVP	
l further agree of my duties, a document is be corporation ha	of the appointment as registered agent and agree to act in this capacity. The to comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this eing filed merely to reflect a change in the registered office address. I hereby confirm that the as been notified in writing of this change. The tion Service Company	
~	Signature of Registered Agent) (Date)	
•		
	pet Acet Vice President	
	pet, Asst. Vice President (Typed or Printed Name)	
	* * * FILING FEE: \$35,00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)