## Po5000033597

| (Re                                     | questor's Name)   |             |
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| PICK-UP                                 | ☐ WAIT            | MAIL        |
| (Bu                                     | siness Entity Nam | ne)         |
| (Do                                     | cument Number)    |             |
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## COVER LETTER

| TO: Amendment Section Division of Corporations  |  |  |
|---|--|--|
| SUBJECT: PODS Canada, Inc.  |  |  |
| Name of Corporation   |  |  |
| DOCUMENT NUMBER: P05000023597   |  |  |
| The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. |  |  |
| Please return all correspondence concerning this matter to the following:                     |  |  |
| Aaron Parker  |  |  |
| Name of Contact Person  |  |  |
|   |  |  |
| Firm/Company  |  |  |
| 5585 Rio Vista Drive  |  |  |
| Address   |  |  |
| Clearwater, FL 33607  |  |  |
| City/State and Zip Code   |  |  |
| regaffairs@pods.com   |  |  |
| E-mail address: (to be used for future annual report notification)                            |  |  |
| · .'  |  |  |
| For further information concerning this matter, please call:                                  |  |  |
| Joe Guerrini at (727 ) 538-6461  Name of Contact Person Area Code & Daytime Telephone Number  |  |  |
| Name of Contact Person Area Code & Daytime Telephone Number                                   |  |  |
| Enclosed is a \$35.00 check made payable to the Department of State.                          |  |  |

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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

| Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.   |
|--|
| 1. The name of the corporation: PODS Canada, Inc.  |
| 2. The principal office address: 5585 Rio Vista Drive, Clearwater, FL 33760  |
| 3. The mailing address (if different): 5585 Rio Vista Drive, Clearwater, FL 33760  |
| 4. Date of incorporation/qualification: 02/14/2005 Document number: P05000023597   |
| 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)   |
| MORALES, CHRISTOPHER   |
| 5585 RIO VISTA DRIVE   |
| 5585 RIO VISTA DRIVE  CLEARWATER, FL 33760 US  6. The name and street address of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered agent (if changed) agent (if change |
| 6. The name and street address of the new registered agent (if changed) and /or registered of the (if changed):  |
| (if changed):  AARON PARKER  5585 PIO VISTA DRIVE  |
| 3303 RIO VISTA DRIVE   |
| P.O. Box NOT acceptable  CLEARWATER, FL 33760 US   |
| The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.   |
| Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.  Printed or typed name and title   |
| I hereby accept the appointment as registered agent and agree to act in this capacity.  I further agree to comply with the provisions of all statutes relative to the proper and complete performance offmy duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.  Signature of Registered Agent  |
| If signing on behalf of an entity:   |

\* \* \* FILING FEE: \$35.00 \* \* \*