

P10000063328

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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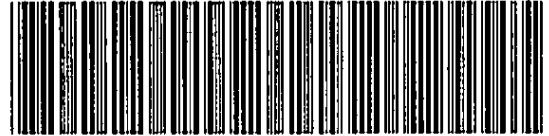
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

JQ 09/30/20

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Octaquip Rental Co.  
Name of Corporation

DOCUMENT NUMBER: P10000063328

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:

Carol King  
Name of Contact Person

Florida Mechanical Systems, Inc.  
Firm/Company

526 Stockton St.  
Address

Jacksonville FL 32204  
City/State and Zip Code

cking@flmech.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carol King at ( 904 ) 394-7243  
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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Octagup Rental Co.
2. The principal office address: 524 Stockton St.  
Jacksonville, FL 32204
3. The mailing address (if different): same
4. Date of incorporation/qualification: 7/28/2010 Document number: P10000063328
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)

Halbrook Cold, Kathleen  
One Independent Drive, Suite 2301  
Jacksonville, FL 32202

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Cold, Kathleen H. - Lipper, Mathias, Wexler, Friedman LLP  
10151 Deerwood Park Boulevard, Building 300, Suite 300  
P.O. Box NOT acceptable  
Jacksonville, FL 32256

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.

Michael G. Whiteman  
Signature of an officer or director

Michael G. Whiteman President  
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 of my 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.

Kathleen H. Cold  
Signature of Registered Agent

7/29/2020  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
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 (04/13)

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