

P15000086313

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

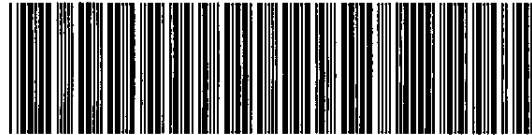
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300288454903

08/02/16--01039--027 \*\*185.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2016 AUG -2 AM 9:58

AUG 11 2016

C LEWIS



July 28, 2016

Division of Corporations  
Attn. Amendment Section  
PO Box 6327  
Tallahassee FL 32314

Re: Changes of Registered Agent

Dear Department:

Enclosed please find six (6) Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company and one (1) for a Corporation. Enclosed also please find our check in the amount of \$185.00 representing the filing fees for same. Thank you.

Very truly yours,

/s/

Ian T. Holmes, Esq.

ITH/tt

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** AERIAL RENTAL SERVICES, INC.

Name of Corporation

**DOCUMENT NUMBER:** P15000086313

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:

IAN T. HOLMES, ESQ.

Name of Contact Person

HOLMES KURNIK, P.A.

Firm/Company

711 FIFTH AVE S, SUITE 200

Address

NAPLES FL 34102

City/State and Zip Code

IHOLMES@HOLMESKURNIK.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

IAN T. HOLMES

Name of Contact Person

at ( 239 ) 228-7280

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: AERIAL RENTAL SERVICES, INC.
2. The principal office address: 4492 MERCANTILE AVE, NAPLES FL 34104
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 10/20/2015 Document number: P15000086313
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)

ALEX R. FIGARES, ESQ.

4001 TAMIAMI TRAIL N, STE 300

NAPLES FL 34103

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

IAN T. HOLMES, ESQ.

711 FIFTH AVE S, SUITE 200

P.O. Box NOT acceptable

NAPLES FL 34102

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.

Craig M. Kobza  
Signature of an officer or director

Craig M. Kobza  
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.

[Signature]  
Signature of Registered Agent

7/28/16  
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 (03/12)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2016 AUG - 2 AM 9:50