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SECRETARY OF STATE

RAChange Thewis 9-8-10

COVER LETTER

TO:	Amendment Section Division of Corporations						
SUBJ	ECT:Southeast	Equipment Rer Name of Corporation	ntal Corp.	_			
DOC	UMENT NUMBER:	P9700001	1140	<u> </u>			
The er	nclosed Statement of Change of Reg	istered Office/Agent :	and fee are submitted fo	or filing.			
Please	e return all correspondence concernir	ng this matter to the fo	ollowing:				
	Mic	hael W. Moskowit Name of Contact Per	z, Esq. son				
Moskowitz, Mandell, Salim & Simowitz, P.A. Firm/Company							
	800 Corporate Drive, Suite 500 Address						
Fort Lauderdale, FL 33334 City/State and Zip Code							
		skowitz@mmssla					
	E-mail address: (to b	e used for future an	nual report notification	on)			
For fu	rther information concerning this ma	atter, please call:					
	Michael W. Moskowitz Name of Contact Person	at (954) 4 rea Code & Daytime Te	91-2000 elephone Number			
Enclos	sed is a \$35.00 check made payable			·			
	Mailing Address: Amendment Sect Division of Corp P.O. Box 6327 Tallahassee, FL	porations	Street Address: Amendment Section Division of Corpora Clifton Building 2661 Executive Cer	ations			

Tallahassee, FL 32301

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

statement of cha	nge is submitted for a co	orporation organize	607.1508, or 617.1508, Flo ed under the laws of the Stat ed agent, or both, in the Stat	e of Florida		
	•		ent Rental Corp. ue, Suite 103, Pompar	no Beach, FL 33069		
3. The mailing a	ddress (if different):					
4. Date of incorp	poration/qualification:	1/31/1997	Document number:	P97000011140		
	I street address of the cur tment of State: (If resign		nt and registered office on fi	ile with the		
	CFRA, LLC			X		
	4221 W. Boy Scout Blvd., 10th Floor ACEC NAME TO SECOND S					
	Tampa, FL 33607-	5736		EP +3		
6. The name and (if changed):	I street address of the ne	w registered agent ((if changed) and /or registered			
	Michael W. Mosko	witz		<u>\$</u>		
	800 Corporate Driv					
	Faut Lavidandala F	P.O. Box NOT a	cceptable			
7 71	Fort Lauderdale, F		11 01 1 6			
The street address changed will	be identical.	ce and the street ac	dress of the business office	e of its registered agent,		
Such change wa authorized by the	as authorized by resolut ne ooard, or the corpora	ion duly adopted be tion has been noti	by its board of directors or lied in writing of the chang	by an officer so e.		
	of an officer or director		Randal Perkins Printed or typed nam			
I hereby accept I further agree to of my duties, an document is beicorporation has	the appointment as reg	1-1-1-1	agree to act in this capacites relative to the proper an ation of my position as regregistered office address, I	y.		
	yped or Printed Name	**				

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