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July 28, 1999

Florida Department of State Division of Corporations Post Office Box 6327 Tallahassee, Florida 32314

RE: Island Rental Services, Inc.

Statement of Change of Registered Agent

To Whom it May Concern:

Enclosed please find a Statement of Change of Registered Office or Registered Agent or Both for Corporations, together with our client's check in the amount of \$35.00 to cover your fee for such change.

Please file this Statement of Change for us.

*****35.00 *****35.00

-07/30/99--01093--008

If you should have any questions, please do not hesitate to contact me.

Sincerely yours,

Lori A. Friday

Legal Assistant to Michael F. Kayusa

Enclosures as stated

RA Chg

Florida Department of State, Jim Smith, Secretary of State

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, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida. Sland Rental Services, Inc 1a. The name of the corporation is: Document number P97 CDCC 11939 1b. Date of incorporation The name and address of the current registered agent and office: Corporation Service Company 1201 Hays Street, Tallahassee 3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable) Michael F. Hayusa Esquire The street address of its registered agent 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. rped or printed namé and title HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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 COM-PLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED DATE

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314