

P99000099489

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA
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TO: Amendment Section
Division of Corporations

SUBJECT: LILO EQUIPMENT RENTAL INC
Name of Corporation

DOCUMENT NUMBER: P99000099489

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:

JOSE M MORALES
Name of Contact Person

LILO EQUIPMENT RENTAL INC
Firm/Company

1787 SW 67TH AVE
Address

MIAMI, FL 33155
City/State and Zip Code

JMORALES1027@YAHOO.COM

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

For further information concerning this matter, please call:

JOSE M MORALES at (305) 266-4944
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: LILO EQUIPMENT RENTAL INC

2. The principal office address: 1787 SW 67TH AVE
MIAMI, FL 33155

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 11/12/1999 Document number: P99000099489

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)
JORGE M MORALES (RESIGNED)
5961 SW 6TH ST
MIAMI, FL 33144

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
JOSE M MORALES
5961 SW 6TH ST
MIAMI, FL 33144

P.O. Box NOT acceptable

2000 OCT 25 PM 2:08
 MICHAEL J. SULLIVAN, CLERK
 FLORIDA DEPARTMENT OF STATE

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.

Joe M. Morales
Signature of an officer or director

JOSE M MORALES
Printed or typed name and title

1. *What is the primary purpose of the study?* (e.g., to evaluate the effectiveness of a new treatment, to describe a population, to compare two groups).

If signing on behalf of an entity:

10/22/10
DATE

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