Perceptal Place of Business Mailing Address 13. Mailing Address 15. Principal Place of Business 15. Mailing Address 15. Supplied Place of Business 15. Mailing Address 15. Supplied Place of Business 15. Control Will Elia Nin His SPACE 15. Control Will Fig Nin His Space 16. Election Campago Financing 16. Control Will Fine His Space 16. Control Will Fine His Space 17. Control Will Fine His Space 18. Min His Space 18. Min His Space 18. Min His Space 18. Control Will Fine His Space 18. Min His Space 18. Min His Spac	DOCUMENT # V62006 1. Entity Name A C CHAIR + TABLE RENTAL, INC.			FILED Jan 08, 2001 8:00 ar Secretary of State
Suite, Apt. 4, etc. Col. & State Col. & Co	6200 NW 39TH PL	16200 NW 39TH PL		
COX, ALTAMAE 18200 MW 39TH PL OPA LOCKA PL 33054 8. The above named entity submits this statement for the purpose of changing is registered office or registered agent, or both, in the Stato of Florida. SIGNATURE SCONATURE 9. This corporation is eligible to satisfy its triangible registered agent and the is apticular state of the state of				
Country Zip Country S. Certificate of Siatus Desiron \$8.75 Additional February Februa		City & State		4. FEI Number 65-0353744 Applied For
Name Street Address (P.O. Box Number te Not Acceptable)	Zip Country	Zip	Country	5 Certificate of Status Desired \$8.75 Additional
In the above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Committee	COX, ALTAMAE 16200 NW 39TH PL	gist ered Agem	Street Address	ss (P.O. Box Number is Not Acceptable)
THE P COX, ALTAMAE Delete TITLE NAME STREET ADDRESS CITY-ST-2P Delete TITLE Delete D	SIGNATURE Signature, typed or printed name of registered agent and This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.	FILE NOW After MAY 1, 2	TE: Registered Agent signature requi	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
AME IRECT ADDRESS ITY-ST-2IP TILE AME IRECT ADDRESS ITY-ST-2IP TITLE	ITLE P IAME COX, ALTAMAE TREET ADDRESS 16200 NW 39TH PL		TITLE NAME STREET ADDRESS	
ITLE AME ITREET ADDRESS ITY-ST-ZIP ITLE AME ITLE ITLE ITLE ITLE ITLE ITLE ITLE ITL	ITLE VV AME COX, WAYNE 16200 NW 39TH PL	☐ Delete	NAME STREET ADDRESS	☐ Change ☐ Addition
AME IREET ADDRESS ITY-ST-ZIP TILE AME IREET ADDRESS CITY-ST-ZIP TO Change Addition Addition Addition Addition Addition AND AME IREET ADDRESS CITY-ST-ZIP TILE AME IREET ADDRESS CITY-ST-Z	TLE AME IREET ADDRESS	☐ Delete	NAME STREET ADDRESS	Change ☐ Addition
MAME REET ADDRESS TY-ST-ZIP TILE MAME REET ADDRESS TY-ST-ZIP TILE MAME REET ADDRESS TY-ST-ZIP TO Delete TITLE NAME REET ADDRESS TY-ST-ZIP 3. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.	AME REET ADDRESS	☐ Delete	NAME Street Address	☐ Change ☐ Addition
AME TREET ADDRESS TY-ST-ZIP 3. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.	AME TREET ADDRESS	☐ Delete	NAME STREET ADDRESS	☐ Change ☐ Addition
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SIGNATURE://// / / /////// / //////////////	of the corporation or the receiver or trustee empower	red to execute this repor	t as required by Chapter 6	Section 119.07(3)(i), Florida Statutes. I further certify that the information he same legal effect as if made under oath; that I am an officer or director 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if