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COVER LETTER

Division of Corporations				
SUBJECT: $\frac{JFS}{Name \text{ of Li}}$	TALS LLC			
Name of Li	mited Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Cha	inge and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter	er to the following:			
FAITH Schultz Name of Person				
JFS RENTALS L	<u></u>			
111 BEACH SUMM	it CT			
Jup: FER FL 3 City/State and Zip Code	3477			
TI-S RENTALSLIC O 9 Ma, E-mail address: (to be used for future annual rep	ort notification)			
For further information concerning this matter, please	call:			
	561, 346 - 8589			
Name of Person	Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS:	MAILING ADDRESS:			
Registration Section	Registration Section			
Division of Corporations	Division of Corporations			
Clifton Building	P.O. Box 6327			
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassec, Florida 32314			
Enclosed is a check for the following amount:				
☐ \$25 Filing Fee	S55 Filing Fee & Certified Copy			

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Nam	ne of the limited liability company:	S REA	TALS LLC	
	JAMES F Schilk - MANA			
2. (a)	Principal office address of limited liability company:	<u> </u>	Mailing address of limited liability company:	
	(Note: MUST BE STREET ADDRESS)		(Note: MAY BE POST OFFICE BOX)	
	 ,	, ,		_
-	33 COMMERCE WA	<u> </u>	11 BEACH SUMMIT CT	<u>·</u>
	Jupiten FL 33458	5 7	Traited Fl 3347	7
_			<i>'</i>	
			/ /30000 99 3/9 Document number	
_	FEB 07, 2019 Date of filing/registration in Florida		130000 99 319	
3.	Date of filing/registration in Florida	4.	Document number	٠.
5 (a)	Clifford 1 HERTZ	PA		
	Registered Agent and Registered Office shown on the records of		of State:	
		·	an and	
-	On E North CLEMATI Registered Office Address (MUST BE FLORIDA STREET)	<u>5 5/,</u>		
		<u>ADDRESS)</u>	第二条 三	
	SuitE 500		MR 24 P	
			PH S:	
-	WEST PALM BEACH, FI	i	2/_ = = = = = = = = = = = = = = = = = = =	
			<u> जि</u> र्म प्	
(b) _	M. CHRIS EDWARDS P.A. inter name of NEW Registered Agent and/or NEW Registered		5° 5	
Е	inter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office address:		
	•			
_	4425 MILITARY TRAIL, STO	<u> 200</u>		
<u>N</u>	NEW Registered Office Address:			
-				
		9		
	JUPITER, FI	L_33450_		
If the lim	nited liability company is not organized under the la	we of the State	of Florida, it is haraby confirmed that after	
	ge or changes are made, the Florida street address o			red
agent wil	It be identical. Or, in the case of a Florida limited I	iability company	y, it is hereby confirmed that the change(s)	
was/were the articl	e authorized by an affirmative vote of the members es of organization or the operating agreement of the	of the limited lia limited liability	ability company or as otherwise provided it	1
o arrior	os or organization of the operating agreement of the	, minted habinty	\(\frac{1}{2}\)	
Signatur	e of a prefuber or authorized representative of a member		JAMES Schultz Printed or typed name of signee	
_				
1 nereby provisjon	Accept the appointment as registered agent and ag is of all statutes relative to the proper and complete	ree to act in this performance o	s capacity. I further agree to comply with t of my duties, and I am familiar with and acc	he ent
the obligi	is of all statutes relative to the proper and complete ations of my position as registered agent as provide reflect a change in the registered office address, I	ed for in Chapter	er 605, F.S. Or, if this document is being fill that the limited lightline	ed
notified i	n writing of this change.	nereny conjirm	- тас не итива надину company nas neen	
m	Ch Sil - PRES.			
Signature	of Registered Agent			

Division of Corporations ◆ P.O. Box 6327 ◆ Tallahassee, FL 32314 FILING FEE: \$25.00