L05000108274

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GEORETHAN OF THE FALL AHASSEE, FLORIDA

B. BOSTICK

OCT - 7 2013

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

CHRISTOPHER RENTALS, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Donald E. Christopher, Esquire

Name of Person

Baker, Donelson, Bearman, Caldwell & Berkowitz, PC

Firm/Company

200 South Orange Avenue, Suite 2900

Address

Orlando, FL 32801

City/State and Zip Code

dchristopher@bakerdonelson.com

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

For further information concerning this matter, please call:

Donald E. Christopher

{...}407.422-6600

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

□\$30.00 Filing Fee & Certificate of Status

□\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐S60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CHRISTOPHER RENTALS			·	
(Name of the Limited (A	Liability Compai Florida Limited L	ny as it now appears on our recor nability Company)	<u>ds.</u>)	
The Articles of Organization for this Limited L Florida document number L05000108274	iability Company	were filed on 11/07/2005	and assigned	
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name o	_	ility company here:		
The new name must be distinguishable and end win "L.L.C."	th the words "Limi	ted Liability Company," the design	ation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:		200 South Orange Aver	nue, Suite 2900	
(Principal office address MUST BE A STREET ADDRESS)		Orlando, FL 32801		
			77. 20	
			ZOI3 OCT	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			V: 1	
			[77] # 1	
			E.F. M. 1.	
B. If amending the registered agent and/ registered agent and/or the new registered of	or registered of ffice address her	fice address on our records, <u>c</u> :	enter the name of the new	
Name of New Registered Agent:				
New Registered Office Address:	200 South Orange Avenue, Suite 2900			
		Enter Florida street address		
	Orlando	. Flor	rida 32801	
		City	Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

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 complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. Thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Braine ed Ment Signature of New Registered Agent

Page 1 of 3

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member <u>Title</u> <u>Name</u> Address Type of Action Add Remove Add Remove Remove Remove Remove Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Please change the address for MGRM Christopher, Donald from 390 North Orange Avenue, Suite 1875, Orlando, FL 32801 to 200 South Orange Avenue, Suite 2900, Orlando, FL 32801

 $_{\text{Dated}}$ September 26

2013

e of a member or authorized representative of a member

Donald E. Christopher

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2013 OCT -4 AM 10: 58

BAKER DONELSON BEARMAN, CALDWELL & BERKOWITZ, PC

SHARON A. DENNY, LEGAL SECRETARY Direct Diaf: 407,367.5408 E-Mail Address: sdenny@bakerdonelson.com 200 SOUTH ORANGE AVENUE SUITE 2900

POST OFFICE BOX 1549 ORLANDO, FLORIDA 32802

PHONE: 407.422.6600 FAX: 407.841.0325

www.bakerdonelson.com

October 2, 2013

VIA FEDEX

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Dear Sir/Madam:

Enclosed please find cover letters and forms changing the registered agent address and/or principal office address of the following entities:

- 1. CHRISTOPHER RENTALS, LLC Document No. L05000108274;
- 2. LITCHFORD & CHRISTOPHER, LLC Document No. L11000135170; and
- 3. POPLAR HEALTHCARE, PLLC Document No. M12000005266.

I have also enclosed our firm's check in the amount of \$75.00 payable to the Florida Department of State to cover the \$25.00 amendment cost for each of these three entities.

Should you have any questions regarding the enclosed, please do not hesitate to contact attorney Donald Christopher at 407-367-5402.

Very truly yours,

BAKER, DONELSON, BEARMAN, CALDWELL & BERKOWITZ, PC

Sharon A. Denny, Legal Secretary

/sd

Enclosures