LO9000 123175

(Requestor's Name)				
(Address)				
(Address)				
(C	City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of	Status		
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COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: AIHE WHARE RENTALS, LLC Name of Limited Liability Company					
The enclosed Registered Agent/Registered Office Change a	nd fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the	he following:				
Mandy Theobald					
Name of Person					
KKOS Lawyers					
Firm/Company					
1883 W. Royal Hunte Dr. Ste 200					
Address	_ 				
Cedar City, UT 84720					
City/State and Zip Code					
	I'Con tion)				
E-mail address: (to be used for future annual report no	mication)				
For further information concerning this matter, please call:					
Mandy Theobald 435	586-9366				
Name of Person	Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enclosed is a check for the following amount:					
☑ \$25 Filing Fee	\$55 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

l. Na	me of the limited liability company: AIHE WHAF	RE RENT	ALS, LL	С
. (a)		(b		
`,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAX BE POST OFFICE BOX)
	3107 57th Street South, Unit A		PO Box	x 300760
	Guifport, FL 33707		Austin,	TX 78703
•	02/16/2011		L09000	123175
3.	Date of filing/registration in Florida	4.		Document number
5. (a)				
(a)	Registered Agent and Registered Office shown on the records	of the Florida	Dept. of St	nate:
	Brown, Sally			
	Registered Office Address (MUST BE FLORIDA STREE	TADDRESS	2	
	3107 57th Street South, Unit A			_
	Gulfport	FL 33707		龙
		rL		- 153 26 -
(b)				_
(-)	Enter name of NEW Registered Agent and/or NEW Register	red Office ad	dress:	
	Registered Agent Solutions, Inc.			
	NEW Registered Office Address:			
	155 Office Plaza Dr, Suite A			- 0
	100 Office Flaza Dr., Odice A			
	Tallahassee	FL 32301		
Signal liberovisthe obtoo mer	limited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the member icles of organization or the operating agreement of the Supworth autre of a member arauthorized representative of a member about a proper and completely accept the appointment as registered agent and all statutes relative to the proper and completely reflect a change in the registered office address	of the regit disability cors of the limited	stered off ompany, inited liability c zabeth S	t is hereby confirmed that the change(s) lity company or as otherwise provided in ompany. Sexworth Printed or typed name of signee
nouju	din writing of this change.			

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