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| (Requestor's Name) | | | | | | | | |
|---|--|--|--|--|--|--|--|--|
| (Address) | | | | | | | | |
| (Address) | | | | | | | | |
| (City/State/Zip/Phone #) | | | | | | | | |
| PICK-UP WAIT MAIL | | | | | | | | |
| (Business Entity Name) | | | | | | | | |
| (Document Number) | | | | | | | | |
| Certified Copies Certificates of Status | | | | | | | | |
| Special Instructions to Filing Officer: | | | | | | | | |
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|----------------------|--|-----------------|------------------------|---|----------|--------------------|
| | gistration Section vision of Corporations | • | | • | | |
| SUBJECT | RENTAL PERMITS LLC | | | | | |
| ~ | | ne of Limited | d Liab | ility Company | | |
| Dear Sir o | · Madam: | | | | | |
| The enclos | ed Registered Agent/Registered Of | fice Change a | and fe | e(s) are submitted for filing. | | |
| Please retu | ern all correspondence concerning th | nis matter to t | the fol | lowing: | | |
| KRISTIN | IE HALL | | | | | |
| | Name of Person | | | | | |
| | S: (G | | | | | |
| | Firm/Company | | | | | |
| 301 W 4 | 1st STREET, SUITE 502 | | | | | |
| | Address | | | | | |
| MIAMI B | EACH FL 33140 | | | | | |
| | City/State and Zip Code | | | • | | |
| KRISTIN | IE@LUXURYRENTALSMIAM | IBEACH.C | MO | | 19 | 35 |
| E-ma | il address: (to be used for future an | nual report n | otifica | ation) | | 77E |
| For further | r information concerning this matter | , please call: | | | 73 | : 5:5:4 |
| KRISTIN | IE HALL | 786 | | 358-5580 | ာ မှာ | 유 ST 유 ST |
| | Name of Person | | | Area Code & Daytime Telephone Numbe | 2 | CHORS CALCULATE |
| Re Di CI 26 | rregistration Section vision of Corporations ifton Building 61 Executive Center Circle allahassee, Florida 32301 | | Regis Divis P.O. | LING ADDRESS: stration Section ion of Corporations Box 6327 hassee, Florida 32314 | | 'n |
| Er | iclosed is a check for the followin | g amount: | | | | |
| Ø | \$25 Filing Fee | | \$55 | Filing Fee & Certified Copy | | |

INHS18 (2/14)

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.

| . Na | me of the limited liability company: RENTAL PE | ERMITS LL | С | | | | |
|-------------------------|--|---|---|--|--|--|--|
| 2. (a) | 301 W 41st STREET | (b) ³ | 301 W 41st STREET | | | | |
| (-) . | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | (5) | _ | failing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | | | |
| | SUITE 502 | 5 | SUITE 502 | | | | |
| | MIAMI BEACH FL 33140 | | MIAMI BEACH FL 33140 | | | | |
| | JUNE 21, 2019 | L1 | 9000071705 | | | | |
| 3. | Date of filing/registration in Florida | — _{4.} — | Document number | | | | |
| 5. (a) | KRISTINE HALL | | | | | | |
| | 301 W 41st STREET Registered Office Address (MUST BE FLORIDA STREE SUITE 502 | | | | | | |
| | MIAMI BEACH | 33140 | | 19 | | | |
| (b) | Eloisa Arias | | | GONE IGRA 19 JUN 26 | | | |
| (6) | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u> | ed Office addre | <u></u> | 18. 18. E. | | | |
| | 301 W 41st Street | | | PH 3: | | | |
| | NEW Registered Office Address: | | | 5 第 | | | |
| | Suite 502 | | | 7 | | | |
| | MIAMI BEACH | FL 33140 | | | | | |
| the cha agent was/we | imited liability company is not organized under the inge 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 cles of organization or the operating agreement of the companization of the operating agreement of the ope | of the registe liability com s of the limite he limited lial | red office and the business office pany, it is hereby confirmed that disability company or as other | ce of the registere at the change(s) | | | |

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 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Printed or typed name of signee

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

Signature of a member or authorized representative of a member