### I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

DP

### SIGNATURE: SPORTICH, THIERRY

Electronic Signature of Signing Officer/Director Detail

Officer/Director Detail :			
Title	DP	Title	DV
Name	SPORTICH, THIERRY	Name	SPORTICH, ANDRE
Address	44 WEST FLAGLER STREET SUITE 2300	Address	44 WEST FLAGLER STREET SUITE 2300
City-State-Zip:	MIAMI FL 33130	City-State-Zip:	MIAMI FL 33130
Title	DST		
Name	SPORTICH, RICHARD		

44 WEST FLAGLER STREET

**SUITE 2300** 

MIAMI FL 33130

SIGNATURE: ALINE DARMOUNI

# Name and Address of Current Registered Agent:

**SUITE 2300** MIAMI, FL 33130 US

# FEI Number: 59-3157748

ATRIUM CPA 44 WEST FLAGLER STREET SUITE 2300 MIAMI, FL 33130 US

Address

City-State-Zip:

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT DOCUMENT# V23888

Entity Name: RENTINVEST COMPANY, INC.

### **Current Principal Place of Business:**

44 WEST FLAGLER STREET

**SUITE 2300** MIAMI, FL 33130

# **Current Mailing Address:**

44 WEST FLAGLER STREET

Electronic Signature of Registered Agent

# The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

Feb 16, 2017 Secretary of State CC9857466639

02/16/2017

Date

FILED

Certificate of Status Desired: No

Date

02/16/2017