Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_____

LLC REGISTERED AGENT CHANGE JDR RENTALS, LLC

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Electronic Filing Menu

Corporate Filing Menu

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: JDR RENTAL	S, LL	.C
Nai	me of Limite	d Liability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Of	fice Change	and fee(s) are submitted for filing.
Please return all correspondence concerning the	his matter to	the following:
Mary Castillo		
Name of Person		
Registered Agent Solutions, Inc.		
Firm/Company	·····	
1701 Directors Blvd, Suite 300		
Address		
Austin, TX 78744		
City/State and Zip Code		
E-mail address: (to be used for future and	nual report i	otification)
For further information concerning this matter	, please call	
Mary Castillo	888 at (705-7274
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	g 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.

IDD DENITALO LLO

1. Na	me of the limited liability company: JDF	KENTA	LS, LL			
2. (a)	515 TOPS'L BLVD	(1	_(b) P O BOX 14067			
(u) <u>-</u>	Principal office address of limited liability con (Note: MUST BE STREET ADDRESS DESTIN, FL 32550	npany:	N	Mailing address of limited (Note: MAY BE POST) (SON, MS 3	OFFICE B	ox)
	1/10/2005		L050	00006607		
3. 5. (a)	Date of filing/registration in Florida CT CORPORATION S' Registered Agent and Registered Office shown on the	YSTEM	a Dept, of State	Document number		
	1200 SOUTH PINE ISI Registered Office Address (MUST BE FLORIDA	LAND RC	AD ²	TALL 5	2020 J	sera-med
	PLANTATION	, _{FL} 333	24	م بيد (2) (3) (ح) (ح)	2020 JAN 30	
(b)	Registered Agent Solut			. F. F. Unilua	M IO:	U
	155 Office Plaza Dr. NEW Registered Office Address: Suite A			- -	. 9	
	Tallahassee	, _{FL} 323	01	-		

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

/s/	Richard	IL.	Eaton
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Richard L. Eaton

MGRM.

Signature of a member or authorized representative of a member

Printed or typed name of signee

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.

Mackenzie Hart, Asst. Secretary

Signature of Registered Agent