2006 LIMITED LIABILITY COMPANY

Jun 02, 2006 8:00 am Secretary of State 05-01-2006 90084 018 ****50.00 **DOCUMENT #L05000018988** 1. Entity Name RICKY SMITH RENTALS, LLC 30009364 Principal Place of Business: Mailing Address 13 COUNTRY CLUB DR. 13 COUNTRY CLUB DR. SANTA ROSA BEACH, FL 32459 SANTA ROSA BEACH, FL 32459 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. 04262008 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For 03-05 Not Applicable Zip Country \$5.00 Additional Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SMITH, RICKY A Street Address (P.O. Box Number is Not Acceptable) 13 COUNTRY CLUB DR. SANTA ROSA BEACH, FL 32459 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM Change Addition IME ☐ Deleta MILE SMITH, RICKY A STREET ADDRESS 13 COUNTRY CLUB DR. STREET ADDRESS SANTA ROSA BEACH, FL 32459 CITY-\$1-70 CITY-ST-7P Celete ☐ Addition NUME NAME STREET ADDRESS STREET ADDRESS CITY-51-29 CITY-\$1-70P ☐ Celete Change ____ Addition HALLE NAME STREET ADDRESS STREET ADDRESS CITY-51-72P CITY-ST-ZIF mu ITILE ☐ Delete ☐ Addition NUME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP TITLE ☐ Delete TITE F ☐ Chance ☐ Addition NAME STREET ACCRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MLE 🖵 De lette TITLE ☐ Change ___ Addition

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report is true and a crurate and that my aignature shall have the same legal effect as if made under eath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS

CITY-51-70P

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

4.26.06

FILED