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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Mike's Trailer Rental, LLC Name of Limited Liability Company
Dear Sir or Madam:
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Stephen D. Mahoney Name of Person
Firm/Company
13017 Whisper Bay Place
Tampa, Florida 33618 City/State and Zip Code
E-mail address: (to be used for future adnual report notification)
For further information concerning this matter, please call:
Deborah Mahoney at (813) 294-3269 Name of Person Area Code & Daytime Telephone Numb
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 & 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.

1. Na	me of the limited liability company: Mike's Tracler Kental, LLC
	13017 Whisper Bay Place Taylor some as a.
	Principal office address of limited liability company: 4. 336 8 Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	January 18,2006 L0600006043
3.	Date of filing/registration in Florida 4. Document number
5. (a)	Deborah Mahoney
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	17806 Simms Road
	Odessa El 33556
	$\frac{\omega}{\omega}$
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	13017 Whisper Bay Place 5.
	Tampa , FL 33618
If the li	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after
the cha agent v was/we	nge or changes are made, the Florida street address of the registered office and the business office of the registered vill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) are authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in
	these of organization or the operating agreement of the limited liability company. One of a member or authorized representative of a member. Printed or typed name of signee
I hawal	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the
provision the oblination to mere	ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept igations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed by reflect a change in the registered office address, I hereby confirm that the limited liability company has been I in writing of this change.
Signatur	tenhen Mahoney

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