10000032636

(Re	questor's Name)				
(Address)					
(Ad	dress)				
(City/State/Zip/Phone #)					
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(Business Entity Name)					
(Document Number)					
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SECRETARY OF STATE

D. BRUCE

FEB 11 2010

EXAMINER

COVER LETTER

10:	Division of Corporations			•				
SUBJ	ECT:	VICKE,	Y REN	NT, LL(C			
	Name of	Limited	Liabili	ty Comp	any			
Dear S	Sir or Madam:							
The er	nclosed Registered Agent/Registered	Office C	Change	and fee(s	s) are submitted for	filing.		
Please	return all correspondence concerning	g this ma	atter to	the follo	wing:			
	MARSHA SIHA		·	_				
	Name of Person							
	INCFILE.COM							
	Firm/Company					=!		
	10943 MAYFIELD RD.			_		SECRI	10 FE	e rk
	Address					TAR)) FEB 10 PM 3: 02	-
	HOUSTON, TX 77043			_		100	7	Γ
	City/State and Zip Code					STAT	မ္	C
	LOVETTE@INCFILE.CO	М				E DA	~	
E	LOVETTE@INCFILE.CO mail address: (to be used for future annual repor	t notificatio	n)	_				
For fu	rther information concerning this ma	atter, plea	ase call:					
	LOVETTE DOBSON	at (713		562-8895		 _	
	Name of Person			Area Code à	& Daytime Telephone Nu	mber		
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		Reg Divi P.O	istration S ision of C . Box 632	Corporations			
	Enclosed is a check for the follow	ing amo	ount:					
	\$25 Filing Fee		\$5	5 Filing	Fee & Certified Co	ру		

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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. Name of the limited liability company:	MICKEY RENT, LLC				
2. (a) Principal office address of limited liability company	2712 STONE OAK DRIVE				
(Note: MUST BE STREET ADDRESS)	ORLANDO, FL 32837				
(b) Mailing address of limited liability company:	· · · · · · · · · · · · · · · · · · ·				
(Note: MAY BE POST OFFICE BOX)					
03/29/2006	L06000032636				
3. Date of filing/registration in Florida	4. Document number				
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:				
Registered Agent:	KYLE LAVENDER				
Registered Office Address:	873 WEST BAY DRIVE SUITE 105 LARGO, FL 33770				
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u> <u>NEW Registered Agent</u> : <u>NEW Registered Office Address:</u>	USA-RA LLC 841 Prudential Drive				
(MUST BE FLORIDA STREET ADDRESS)	12TH FLOOR				
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. Signature of a member of juthorized representative of a member					
TONY H TAKEHARA Printed or typed name of signee	_				
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the province and I am familiar with and accept the obligations of my porthapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to sper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office has been notified in writing of this change.				

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

Signature of Registered Agent