07000012431

,				
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

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EXXAMINÊR

		COVER LETTER		
TO:	Registration Section Division of Corporations			
SUB	JECT: Rentals of Centrals (Name o	of Limited Liability Company)	-	
Dear	Sir or Madam:			
The e	enclosed Registered Agent/Registered O	office Change and fee(s) are submitted for filing.		
Pleas	e return all correspondence concerning	this matter to the following:		
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	in Davenport		≥ 8	9
	(Name of Person)			l of
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	(Firm/Company)		Ho	<u> </u>
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2%	13 01 0	•	最無	Ę,
exq.	13 Aloma Ave. (Address)		_	
(1)	Proter Park F1 32792			
1/0	(City/State and Zip Code)			
For f	urther information concerning this matte	er, please call:		
	_	·		
Ti	(Name of Person)	at (321) 377-453/		
	(Name of Person)	at (321) 377-653/ (Area Code & Daytime Telephone Number)	_	
	,	, , , , , , , , , , , , , , , , , , , ,		
	STREET/COURIER ADDRESS:	MAILING ADDRESS:		
	Registration Section	Registration Section		
	Division of Corporations	Division of Corporations		
	Clifton Building	P.O. Box 6327		
_	2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314		
	Enclosed is a check for the followin			
	\$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 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.

in the State of Florida.	
1. Name of the limited liability company: <u>Rentals</u>	of Central Florida, LLC
2. (a) Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS)	y: 2613 Aloma Ave. Winter Park, Fl. 32792
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	2613 Alona Auc. Wink-Park, Fl. 32792
3. Date of filing/registration in Florida	L07000012631
5. (a) Registered Agent and Registered Office shown or	the records of the Florida Dept. of State:
Registered Agent:	Law Office of Jennihr Sloane, PCC.
Registered Office Address:	Leinter Park, Fl. 32789
(b) Enter name of NEW Registered Agent and/or NE	EW Registered Office address:
NEW Registered Agent:	Timothy Davenporting
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Winter Purk, FL. 59
If the limited liability company is not organized under the that after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles limited liability company. (Signature of a hermoer of authorized representative of a member)	eet address of the registered office and the business case of a Florida limited liability company, it is by an affirmative vote of the members of the limited
(Printed or typed name of signee)	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p am familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notification.	agree to act in this capacity. I further agree to proper and complete performance of my duties, and I may as registered agent as provided for in Chapter 608 a change in the registered office address, I hereby ed in writing of this change.

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