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To:

Division of Corporations

Fax Number

: (850)205-0380

From:

Account Name : AARON A. FARMER, P.L.

Account Number : I20070000090 Phone : (239)262-2040

Fax Number : (239)262-2180

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SECRETARY OF STATE:
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## REGISTERED AGENT CHANGE

## PBS RENTALS OF FLORIDA, LLC

Certificate of Status	0
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Page Count	03
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## COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: PBS RENTALS OF FLOR (Name of	IDA, LLC Limited Liability C	Company)
Dear Sir or Madam:		
The enclosed Registered Agent/Registered	Office Change and	fee(s) are submitted for filing.
Please return all correspondence concernin	g this matter to the t	following:
·	_	·
Maria C. Ferrao		w *
(Name of Person)		
. <i>:</i>		¥., c
Aaron A. Farmer, P.L.	•	))) LL
(Firm/Company)	.;	
		12 ASS
720 Fifth Avenue South, Suite 211		<b>m</b> -< 3 50 <b>m</b> -> 1 <b>-0</b>
(Address)		. FL
Naples, FL 34102		DRII G
(City/State and Zip Code)	<del></del>	<b>Ο.</b> πΟ
• ,		
For further information concerning this ma	ter nlease call:	
For further information concerning this ma	tter, please call:	
	•	62-2040
Maria C. Ferrao	_at (239) 2	62-2040  a Code & Davtime Telephone Number)
	_at (239) 2	62-2040 a Code & Daytime Telephone Number)
Maria C. Ferrao (Name of Person)	at ( <u>239</u> ) <u>2</u> (Area	Code & Daytime Telephone Number)
Maria C. Ferrao (Name of Person)  STREET/COURIER ADDRESS: Registration Section	at (239 ) 2 (Area MAILIN Registrat	G ADDRESS:
Maria C. Ferrao (Name of Person)  STREET/COURIER ADDRESS: Registration Section Division of Corporations	at (239 ) 2 (Area  MAILIN Registrat Division	G ADDRESS: ion Section of Corporations
Maria C. Ferrao  (Name of Person)  STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	at (239 ) 2 (Area  MAILIN Registrat Division P.O. Box	G ADDRESS: ion Section of Corporations 6327
Maria C. Ferrao (Name of Person)  STREET/COURIER ADDRESS: Registration Section Division of Corporations	at (239 ) 2 (Area  MAILIN Registrat Division P.O. Box	G ADDRESS: ion Section of Corporations
Maria C. Ferrao  (Name of Person)  STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	at (239 ) 2 (Area  MAILIN Registrat Division P.O. Box Tallahass	G ADDRESS: ion Section of Corporations 6327
Maria C. Ferrao  (Name of Person)  STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	at (239 ) 2 (Area  MAILIN Registrat Division P.O. Box Tallahass  ng amount:	G ADDRESS: ion Section of Corporations 6327

## 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. The name of the lim	ited liability company is:	PBS RENTA	LS OF FLORIDA, LLC	<u>,</u>			
2. The mailing address	of the limited liability cor	mpany is : 6	23 NE 5th Terrace,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Fort Lauderdale, FL 333	04			•			
2/2/07			L07000012884				
3. Date of filing/registr	ration in Florida		4. Document num	ıber			
5. The name of the regin Florida Department	stered agent and the regist of State:	tered office	address as shown o	on the reco	rds of	the	
•	Fowler White Boggs	Banker P	Α				
		Name					
	5811 PELICAN BAY		TE 600				
	Naples, FL 34108	Address		•			
		State and Zi	<del>p</del>		<u>33</u> 4	07	
6. The name and address	ss of the new registered ag	gent and/or o	ffice:	2	CRET		•
	Aaron A. Farmer, P.L	,		ດ	2E	2	-
¥ • •	720 Fifth Avenue Sout	Name th, Suite 211		, r	10f (	PH 12: 3(	
	Florida street address	(P.O. Box I	NOT acceptable)	, ,	S₹	3	
	Naples, FL 34102	FL	•	ב ב	5.7	30	
· · ·	City, St	tate and Zip					•
confirmed that after the and the business office liability company, it is of the members of the or the operating agreem	company is not organized use change or changes are may of the registered agent will hereby confirmed that the limited liability company of the limited liability	ade, the Flor Il be identica change(s) w or as otherw company.	rida street address of al. Or, in the case was/were authorized	of the regis of a Florid d by an aff	stered la limi irmati	office ited ive vo	ote.
(Signature of a member of aut	horized representative of a member	er)					
Aaron A. Farmer (Printed or typed name of sign	nee)						
I hereby accept the appropriate the provision and I am familiar with Chapter 108, F.S. Or address, I hereby gonfi.  (Statute of Registered Agent	pointment as registered ag ions of all statues relative and accept the obligations if this document is being fi rm that the limited liability	gent and agr to the propi s of my posit iled to mere y company h	ee to act in this ca er and complete pe jon as registered a ly reflect a change as been notified in	pacity. I fi irformance igent as pr in the regi i writing of	urther of my ovided istered this o	agree y dutie d for i d offic chang	e to es, in ie e.
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Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00