

Division of Corporations Public Access System

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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

7 JUL 19 AM 8: 24

REGISTERED AGENT CHANGE

PBS RENTALS OF GEORGIA, LLC

RECEIVED

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INTERNATIONAL_IMMIGRATIO

2002/003

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: PBS RENTALS OF GEORGIA	, LLC
	ited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	cc Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
•	· · · · · · · · · · · · · · · · · · ·
	•
María C. Ferrao	
(Name of Person)	07
	19 אינו 19
Aaron A. Farmer, P.L.	
(Firm/Company)	
	739
720 Fifth Avenue South, Suite 211	
(Address)	<u> </u>
	24
Naples, FL 34102	
(City/State and Zip Code)	•
For further information concerning this matter,	nlease call:
	P. C.
Maria C. Ferrao	√239 √262-2040
(Name of Person)	(239) 262-2040 (Area Code & Daytime Telephone Number)
(Maine of Ferson)	(Area code de Dayinne Telephone (Allinoer)
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	· .
Enclosed is a check for the following a	mount:
✓ \$2 5 Filing Fee	S55 Filing Fcc & Certified Copy

INHS18 (8/05)

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3003/003

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

Pursuant to the provision liability company submit agent, or both, in the Sta	is the following statement in order to	Florida Statutes, the undersigned lim- change its registered office or registe	ited red
1. The name of the limit	ed liability company is: PBS RENTALS	OF GEORGIA, LLC	
2. The mailing address	of the limited liability company is: 62	3 NE 5th Terrace,	
Fort Lauderdale, FL 33304			•
2/2/07	· · · · · · · · · · · · · · · · · · ·	901 -07000012 880	
3. Date of filing/registra	 	. Document number	_
5. The name of the regis Florida Department of	tered agent and the registered office ac	idress as shown on the records of the	
•	Fowler White Boggs Banker PA		
	Name	· · · · · · · · · · · · · · · · · · ·	
	5811 PELICAN BAY BLVD., SUITE	≘ 600	
	Address	07	SIAIO
	Naples, FL 34108	<u></u>	Sic
	City, State and Zip		문문
6. The name and address	of the new registered agent and/or of	fice: - G	of co
	Aaron A. Farmer, P.L.		285
	Name		욹
	720 Fifth Avenue South, Suite 211	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	2
	Florida street address (P.O. Box N	OT acceptable)	CORPORATIONS
	Naples, FL 34102 FL		
	City, State and Zip		
confirmed that after the and the business office of liability company, it is h of the members of the li or the operating agreement.	f the registered agent will be identical ereby confirmed that the change(s) wa	ia street address of the registered office	te
Aaron A. Farmer (Printed or typed name of signs			
• • • • • • • • • • • • • • • • • • • •	· ,	e to act in this capacity. I further agree and complete performance of my dutie on as registered agent as provided for it reflect a change in the registered office s been notified in writing of this change	: 10 :8, 2 9 1.
Thinks:	C	T 11 1 TT 00044	

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