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| (Re | equestor's Name) | | | | |
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| PICK-UP | ☐ WAIT | MAIL | | | |
| (Bu | siness Entity Nan | ne) | | | |
| (Document Number) | | | | | |
| Certified Copies | _ Certificates | of Status | | | |
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SECRETARY OF STATE.

COVER LETTER

| TO: Registration Section Division of Corporations | | | | |
|--|---------------------------------------|--|---|---------|
| SUBJECT: Rent N Ride, LLC (Name of | Limited Liab | ility Company) | | |
| Dear Sir or Madam: | | | | |
| The enclosed Registered Agent/Registered | Office Chang | ge and fee(s) are subr | nitted for filing | |
| Please return all correspondence concernin | g this matter | to the following: | | |
| Richard E. Miller | | | TAL SE | |
| (Name of Person) | | | 07 OC ECRE | T |
| Rent N Ride, LLC | · · · · · · · · · · · · · · · · · · · | | 2001 OCT 24 P 2: 00 SECRETARY OF STATE TALLAHASSEE. FLORID. | FILED |
| (Firm/Company) | | | P 2 0F ST | Ö |
| 199 Hampton Circle | | | 2: 09 STATE LORIDA | |
| (Address) | | | - | |
| Jupiter, FL 33458 | | | | |
| (City/State and Zip Code) | | | | |
| For further information concerning this ma | tter, please ca | ılı: | | |
| Richard E. Miller | at (561 |) 371-3940 | | |
| (Name of Person) | | (Area Code & Day | time Telephone | Number) |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | R D P. | IAILING ADDRESS: egistration Section ivision of Corporations O. Box 6327 allahassee, Florida 323 | 3 | |
| Enclosed is a check for the follow | ing amount: | • | | |
| ✓ \$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.

| 1. The name of the limited ! | iability comp | any is: Rent N Ride, LLC | | | | |
|--|--|---|---|---|--|--|
| 2. The mailing address of the | ne limited liab | ility company is : 211 Commerce W | ay, Jupiter, FL 334 | 58 | | |
| October 12, 2007 | | L07000103976 | L07000103976 | | | |
| 3. Date of filing/registration in Florida 4. Document nu | | | umber | | | |
| 5. The name of the registere Florida Department of Sta | | ne registered office address as shown | n on the records o | f the | | |
| <u>J</u> | anny Clark | | _ | | | |
| <u>1</u> | 37 E. HAMPT | - Name FON WAY Address | 780 TAL | | | |
| Jupiter, FL 33458 | | | CR Q | 77 | | |
| <u></u> | apitor, r a oo- | City, State and Zip | 2001 OCT 24 SECRETARY TALLAHASSE | - | | |
| 6. The name and address of the new registered agent and/or office: | | | 2u P RY OF SSEE, F | m | | |
| <u>R</u> | ichard E. Mll | ler | 2: FLC | | | |
| 21 | 11 Commerce | Name Way | 2: 09 STATE LORIDA | | | |
| | | address (P.O. Box NOT acceptable | a" | | | |
| Ju | ıpiter, | FL 33458 | | | | |
| | | City, State and Zip | | | | |
| confirmed that after the char | nge or change e registered a by confirmed i ed liability co of the limited | | ss of the registered se of a Florida lim | l office ited | | |
| (Digitalia of a monitor of aumoritor | | | | | | |
| Richard E. Miller | | | | | | |
| (Printed or typed name of signee) I hereby accept the appoint comply with the provisions of and I am familiar with and of Chapter 608, F.S. Or, if this address, I hereby confirm the Colon (Signature of Registered Agent) | ment as regist of all statules iccept the obl s document is at the limited | tered agent and agree to act in this relative to the proper and complete igations of my position as registered being filed to merely reflect a chan liability company has been notified | capacity. I furthe performance of n d agent as provide ge in the registere in writing of this | r agree to ny duties, nd for in nd office change. | | |

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