L09000013855

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

Office Use Only



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2017 JUN 23 PK 1:00

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COVER LETTER

	Division of Corporations				
SUBJE					
		Name of Limited Liability Company			
Dear Sir	r or Madam:				
The enc	dosed Registered Agent/Registered Office C	Change and feets) are submitted for filing.			
Please r	return all correspondence concerning this ma	atter to the following:			
Romar	n Fisher				
	Name of Person				
Vendit	o LLC				
	Firm/Company				
3100 N	N Ocean Blvd Apt 806				
-12-11	Address				
Fort La	auderdale Florida 33308				
	City/State and Zip Code				
roman	@eventus-investments.com				
E-1	mail address: (to be used for future annual)	report notification)			
For furtl	her information concerning this matter, plea	ase call:			
Romar	n Fisher	954 414 1534			
	Name of Person	Area Code & Daytime Telephone Number			
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
	Enclosed is a check for the following amount \$25 Filing Fee (2/14)	ount: \$55 Filing Fee & Certified Copy			



June 8, 2017

ROMAN FISHER VENDITO LLC 3100 N OCEAN BLVD APT 806 FORT LAUDERDALE, FL 33308

SUBJECT: THE RENT 2 OWN GUYS, LLC

Ref. Number: L09000013855

We have received your document for THE RENT 2 OWN GUYS, LLC and your check(s) totaling \$50.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 417A0001165₹

I JUN 23 AF PRI

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

L N	ame of the limited liability company: The Rent 2 O	wn Guys	LLC			
- . (,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
·	10380 SW Village Center Drive suite 182	1	0380 SW Village Center Drive Suite 182			
	port saint lucie fl 34987		Port saint lucie FL 34987			
	03/01/2009	LO	09000013855			
3.	Date of filing/registration in Florida	4.	Document number			
5. (a))					
	Registered Agent and Registered Office shown on the records of Scott Markowitz	the Florida De	ept. of State:			
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS				
	10380 SW Village Center Drive					
	Port Saint Lucie . FI.	34987				
		-	SEVALIANT TO			
(b)	Enter name of NEW Registered Agent and or NEW Registered	LOSS and dea				
	Taker fainte of St. W Registered Agent and of M. W Registered	<u>ronke aggre</u>	** 23 F			
	Roman Fisher The Roman Fisher					
	NEW Registered Office Address:					
	3100 N Ocean Blvd Apt 806					
	Fort Lauderdale	33308				
the chagent was/w the art Signa I here provise the obtomer	limited liability company is not organized under the lay ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ides of organization or the operating agreement of the lattice of a member or authorized representative of a member of the appointment as registered agent and agricious of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I add in writing of this change.	i the register ability composite the limited liab	red office and the business office of the registered pany, it is hereby confirmed that the change(s) and liability company or as otherwise provided in pility company. Confirmed or typed name of signee this capacity. I further agree to comply with the			

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

Signature of Registered Age