L09000008812L

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UF	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status

Special Instructions to Filing Officer:

L. SELLERS

JUN - 1 2011

EXAMINER

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SECRETARY OF STATE ALLAHASSEE, FLORIDA

MAY 31 PH 4: IS

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Name o	iRent Realty LLC f Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered	d Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning	ng this matter to the following:
Antoinette W. Russell	address of
Name of Person	alary agent
iRent Realty LLC	
Firm/Company	
D.O. D. 4404	R AM.
P.O. Box 1484 Address	
Address	The state of the s
St. Petersburg, FL 3373	J
City/State and Zip Code	
·	
toni@russellpropertymanagem E-mail address: (to be used for future annual repo	nent.com rt notification)
For further information concerning this ma	atter, please call:
Antoinette W Russell	at (727)4212627
Name of Person	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 32314
Tallahassee, Florida 32301	
Enclosed is a check for the follow	ving 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.

Name of the limited liability company:	iRent Realty LLC
2. (a) Principal office address of limited liability compar	ny: 125 5th Street S
(Note: MUST BE STREET ADDRESS)	Suite 201 St. Petersburg, FL 33701
(b) Mailing address of limited liability company:	P.O. Box 1484
(Note: MAY BE POST OFFICE BOX)	St. Petersburg, FL 33731
05/26/2011	L09000088126
3. Date of filing/registration in Florida	Document number
5. (a) Registered Agent and Registered Office shown or	n the records of the Florida Dept. of State:
Registered Agent:	Antoinette W Russell
Registered Office Address:	689 Central Avenue St. Petersburg, FL 33701
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE NEW</u> Registered Agent:	Antoinette W Russell
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	125 5th Street S Suite 201 St. Petersburg ,FL33701
If the limited liability company is not organized under the confirmed that after the change or changes are made, the land the business office of the registered agent will be identiability company, it is hereby confirmed that the change is of the members of the limited liability company or as other the operating agreement of the limited liability company. Antoinette W. Russell Printed or typed name of signee I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the provision of all statutes relative to the provision of all statutes relative to the provision of the obligations of my provided in the provision of the obligations of my provided in the confirmal that the limited liability company and the confirmal that the limited liability company.	Florida street address of the registered office ntical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote erwise provided in the articles of organization by.

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

Signature of Registered Agent