<u>109000122969</u>

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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APR 24 ZUIJ IR. WHITE



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper

ami.casper@cscglobal.com

Date: April 15, 2015

Order#: 540425/099

Re: M & M RENTALS OF CHARLOTTE AND COLLIER COUNTIES, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX __ Check in the amount of \$25 .

Please take the following action:

XX File in your office on a routine basis.

XX __ Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn: Ami Casper

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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.

1. N	lame of the limited liability company: M & M RENTAL	S OF CHARL	LOTTE AND COLLIER COUNTIES, LLC
2. (a)	7995 Mahogany Run Lane	(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	.,,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Naples, FL 34113		
	12/29/2009	_ L09	0000122969
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	William G. Morris, Esq. Registered Agent and Registered Office shown on the records of the state of the stat	the Florida Dept.	of State:
	247 N. Collier Boulevard, Suite 202		
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	
	Marco Island , FL	34145	APR THE APP TH
(b)			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:	元 元 元 元 元 元 元 元 元 元 元 元 元 元 元 元 元 元 元
	1201 Hays Street		
	NEW Registered Office Address:		
	Tallahassee , FL	32301	
the cl agent was/v	limited liability company is not organized under the law nange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	the registered ability compar of the limited l	I office and the business office of the registerency, it is hereby confirmed that the change(s) liability company or as otherwise provided in
		Dona Priebe, Authorized Person	
Sig	nature of a member or authorized representative of a member		Printed or typed name of signee
provi the o to me	eby accept the appointment as registered agent and agr sions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, I led in writing of this change	ree to act in th performance d for in Chapt hereby confirt	nis capacity. I further agree to comply with the of my duties, and I am familiar with and accep ter 605, F.S. Or, if this document is being filed in that the limited liability company has been

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

Signature & Registered Agent Corporation Service Company BY: Sylvia Queppet, Asst. Vice President