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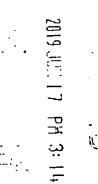
(Req	uestor's Name)	-	
(Address)			
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(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates	s of Status	
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COVER LETTER

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TO: Registration Section

Division of Corporations

New Tampa Bay Rentals, llc SUBJECT:	New Tampa Bay Rentals, Ilc Name of Limited Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this n	natter to the following:		
Edward Smeltz			
Name of Person			
New Tampa Bay Rentals, Ilc			
Firm/Company			
3901 6th St S			
Address			
St Petersburg, Fl. 33705			
City/State and Zip Code			
esmeltz@newtampabayrentals.com			
E-mail address: (to be used for future annual	report notification)		
For further information concerning this matter, ple	case call:		
Ewdard Smeltz	727 366-4748		
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 an	nount:		
☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy		
INHS18 (2/14)			

TATEMENT, 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.	Name of the limited liability company: New Tam	pa Bay Rentals, Ilc
2. (a	3901 6th St S	(h) 3901 6th St S
(-	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	
	St Petersburg, Fl. 33705	St Petersburg, FI. 33705
	06-13-2019	L10000041034
3.	Date of filing/registration in Florida	4. Document number
5. (a) Wade W Cullis	
,	Registered Agent and Registered Office shown on the recordage 3901 6th St S	rds of the Florida Dept. of State.
	Registered Office Address (MUST BE FLORID 4 STR	EET ADDRESS)
	St Petersburg	, FL 33705
(t	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regis</u>	stered Office address:
	3901 6th St S	
	NEW Registered Office Address:	
	St Petersburg	_, FL.33705
the cagen was/the a	hange or changes are made, the Florida street addrest will be identical. Or, in the case of a Florida limit were authorized by an affirmative vote of the member of organization or the operating agreement of a member or authorized representative of a member	Printed or typed name of signee
prov. the o to me notif	isions of all statuted relative to the proper and compobligations of my favilion of registered agent as pro- erely reflect a change in the registered office addre- ived in writing of this changed.	d agree to act in this capacity. I further agree to comply with the plete performance of my duties, and I am familiar with and accept wided for in Chapter 605, F.S. Or, if this document is being filed ss, I hereby confirm that the limited liability company has been
aign	ature of Registered Agent Division of Corporations • P	P.O. Box 6327• Tallahassee, FL 32314

FILING FEE: \$25.00

INHS18 (2/14)