## L10000054444

(Re	questor's Name)	•
(Ad	dress)	<u> </u>
(Ad	dress)	<u>.</u>
(Cit	ty/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
. (Do	ocument Number	)
Certified Copies	_ Certificate	s of Status
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C. LEWIS

JUN 2 2 2010

EXAMINER

## **COVER LETTER**

Programme Corporations  Registration Section  Division of Corporations		
SUBJECT: DMC Rent	al, LLC	
Name of	f 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 concernin		
Matt & Deetnn Ring Name of Person		
DMC Rental, LCC Firm/Company	<del></del>	
12004 Marble head S	)-ive	
Tamps, FL 33626 City/State and Zip Code	: 	
ring_298@ hotmail.co	on	
E-mail address: (to be used for future annual repor	rt notification)	
For further information concerning this ma	atter, please call:	
Matt Ring	at (727 ) 204.9646	
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 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.

agent, or both, in the state of Ftortaa.	
1. Name of the limited liability company:	Rental, LLC
2. (a) Principal office address of limited liability compan	y:
(Note: MUST BE STREET ADDRESS)	12004 Marblehead Orive Tampa, FL 33626
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	
	L1000054442
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	DeeAnn Ring
Registered Office Address:	10501 SKy Flowerct
	10501 SKy Flower ct Land-O-lakes, FL. 34638
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:
NEW Registered Agent:	Matt Ring
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	12004 Marble head Dr
	Tampa ,FL 3202 Lo
If the limited liability company is not organized under the confirmed that after the change or changes are made, the I and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as othe or the operating agreement of the limited liability compan	Florida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmative vote rwise provided in the articles of organization
Signature of a member or authorized representative of a member	
Printed or typed name of signee	<u> </u>
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my perfect to the provision of the control of the provision of the provisi	agree to act in this capacity. I further agree to oper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office by has been notified in writing of this change.
Signature of Registered Agent	THE THE
Division of Corporations, P.O. Box 65 FILING FEE: S	327, Tallahassee, FL 32314 PR SSE 25.00

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