## L10000 58173

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## **COVER LETTER**

	stration Section ion of Corporations						
OLID IDZZP	FRUGAL RENTALS, LLC						
SUBJECT:	Name of Limited Liability Company						
Dear Sir or M	ladam:						
The enclosed	Registered Agent/Registered O	ffice Change and	l fee(s) are submitted for filing				
		_	<del>-</del>				
Please return	all correspondence concerning t	this matter to the	following:				
Courtney Proc	frock						
	Name of Person						
Anderson Bus	iness Advisors						
	Firm/Company						
3225 McLeod	Drive, #100			_			
	Address		<del></del>	SECO			
Las Vegas, NV	7 89121			RED -			
	City/State and Zip Code			3 P. HASS			
ra@andersona	dvisors.com			PH 2: 21			
E-mail a	address: (to be used for future a	mual report noti	fication)	智			
For further in	formation concerning this matte	r, please call:					
Courtney Proc	frock	800 ai (	7064741				
	Name of Person		Area Code & Daytime Telepl	none Number			
Regis Divis P.O.	ing Address: stration Section sion of Corporations Box 6327 hassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, St Tallahassee, FL 32303				
Encle	osed is a check for the followin	ig amount:					
<b>■</b> \$2.	5 Filing Fee	□ s	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 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	ame of the limited liability company: FRUGAL RENTA	ALS, ELC		
2. (a)	6018 KALEY DR.	(b)	6018 KALI	EY DR.
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			failing address of limited flability company:  (Note: MAY BE POST OFFICE BOX)
	WINTER HAVEN, FL 33880	<del></del>	WINTER H	AVEN, FL 33880
	06/01/2010		L100000581	73
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	MICHAEL F BRANCHE			
<i>2</i> , (a)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State:	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			202 SF
	6018 KALEY DR.			2024 SEP SECRET
	WINTER HAVEN, FL	33880		LE P
(b)	Anderson Registered Agents, Inc.			PH 2: 21
,	Enter name of NEW Registered Agent and/or NEW Registered	Office add	ress:	2: 2 FTA:
	625 E. Twiggs Street, Suite 110,			THE STATE OF THE S
	NEW Registered Office Address:			
	Tampa , FL	33602 ————		
change agent v was/w	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	registered bility con f the limit	l office and apany, it is l and liability	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
	urtney Proefrock		ney Proefroc	•
Signa	ture of a member or authorized representative of a member			Printed or typed name of signee

Signature of Registered Agent

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.