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B. BOSTICK

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EXAMINER

COVER LETTER

.4	TO: Registration Section Division of Corporations				
	SUBJECT: Jerry's Truck Ren	ntal,LLC			
Name of Limited Liability Company					
	Dear Sir or Madam:	rant.			
	The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.				
	Please return all correspondence concerning	this matter to the following:			
	Angel S. Peralta				
	Name of Person				
	Jerry's Truck Rental,LLC				
	Firm/Company	SE SE			
	1014 Del Prado Blvd. S.	· · · · · · · · · · · · · · · · · · ·			
	Address				
	Cape Coral,Fl. 33990	PM 1: 00			
City/State and Zip Code budgetofcapecoral@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:					
				Ç	
					at ()
			Name of Person Area Code & Daytime Telephone Numb		
	STREET/COURIER ADDRESS:	MAILING ADDRESS:			
	Registration Section	Registration Section			
	Division of Corporations	Division of Corporations			
	Clifton Building	P.O. Box 6327 Tallahassas Florida 22214			
	2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314			
	Enclosed is a check for the following	ng 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. 2. (a) Principal office address of limited liability company: 1014 Del Prado Blvd.S. (Note: MUST BE STREET ADDRESS) Cape Coral, Fl. 33990 (b) Mailing address of limited liability company: 1014 Del Prado Bivd. S. (Note: MAY BE POST OFFICE BOX) Cape Coral, Fl. 33990 201890000 3. Date of filing/registration in Florida Document number 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Agent: 紹 Registered Office Address: ----(b) Enter name of NEW Registered Agent and/or NEW Registered Office address: **NEW** Registered Agent: Alec M Emery **NEW** Registered Office Address: 1014 Del Prado Blvd. S. (MUST BE FLORIDA STREET ADDRESS) Cape Coral FI 33990 If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. Signature of a member or eathorized representative of a mepiber Printed or typed name of signee 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 lim familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. On if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the similar liability company has been notified in writing of this change.

Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

INHS18 (05/08)

Signatu