L12000033188

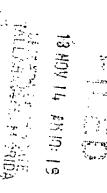
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



400253561104

11/14/13--01027--004 **25.00





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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Evelyn Wright

Date: November 12, 2013

Order#: 880050/012

Re: INNOVATIVE RENTAL CONCEPTS LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

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:Evelyn Wright 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 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.

l. Name of the limited liability company: INNOVATIVE	RENTAL CONCEPTS LLC		
 (a) Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS) 	oany: 6800 Broken Sound Parkway		
	Boca Raton, FL	33487	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	6800 Broken Sound Parl Boca Raton, FL 33487	kway	
03/07/2012	L12000033188		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown of	n the records of the Florida	a Dept. of State:	
Registered Agent:	Marc H. Bell		
Registered Office Address:	6800 Broken Sound Parl	kway Si	
	Boca Raton, FL	33487	
(b) Enter name of NEW Registered Agent and/or N	EW Registered Office ad		
NEW Pagistared Agents	Corporation Service Con	npany	
NEW Registered Agent:		+ 4: 125 ; rans	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street	<u> </u>	
[MOOT DE TECHNET OF RESET (1997)	Tallahassee	FL 32301	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be idealiability company, it is hereby confirmed that the change the members of the limited liability company or as other the operating agreement of the limited liability company	Florida street address of the case of a case o	he registered office Florida limited an affirmative vote of	
Signature of a member or authorized representative of a member	1		
MAKE H. AELL-managing men Printed or typed name of signee	nber R		
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address. I hereby confirm that the limited liability complete. By:	d agree to act in this capac proper and complete perfo position as registered ager merely reflect a change in l any has been notified in wr	ity. I further agree to rmance of my duties, it as provided for in the registered office riting of this change.	
Signature of Registered Agent Corporation Service Company	Grace E. Kirby, Assista	int VP	
Division of Cornerations PO Roy	6327 Tallahosson ET 32	214	

FILING FEE: \$25.00

INHS18 (05/08)