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(((H17000158097 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: INCORP SERVICES INC

Account Number : I20120000007

Phone

: (702)866-2500

Fax Number

: (702)866-2689

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: (

LLC REGISTERED AGENT CHANGE HEALY RENTAL GROUP LLC

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DIVISION OF CORPORATIONS A± 5:

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COVER LETTER

Division of Corpor				
SUBJECT:	н	eely R	lental G	roup LLC
	Name	e of Li	mited Li	ability Company
Dear Sir or Madam:				
The enclosed Registered A	gent/Registered Offic	ce Cha	nge and	fee(s) are submitted for filing.
Please return all correspon	dence concerning this	s matte	r to the	following:
Jes	sica Chappell			
Ne	me of Person			_
InCor	p Services, Inc.			
Fin	m/Company		,	_
3773 Howard I	lughes Pkwy Suite	5008		·
2	Address			·
Las V	egas, NV 89169			
City/S	tate and Zip Code			
docum	ents@incorp.com			
E-mail address: (to be	used for future annu	nl repo	ort notif	cation)
For further information cor	cerning this matter, p	olease (call:	
Jessica Chappell		at (702	866-2500
Name of P	erson	(Area Code & Daytime Telephone Number
STREET/COURT	ER ADDRESS:		MA	AILING ADDRESS:
STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section				
Division of Corporations Division of Corporations				
Clifton Building P.O. Box 6327				
2661 Executive Ce Tallahassee, Florid			Tal	lahassee, Florida 32314
Enclosed is a chec	k for the following a	ımoun	t:	
☑ \$25 Filing Fee			□ \$5	5 Filing Fee & Certified Copy
NHS18 (2/14)				

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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.

2.	(a)	6871 SW 59 St.	(b) 6871 SW 59 St
		Principal office address of limited liability company: (Note: MILST RE STREET ADDRESS)	. Mailing address of limited liability company: (Nate: MAY HE POST OFFICE BOX)
		Mlami, FL 33143	Mismi, FL 33143
		0514419940	1.45000004000
3.		05/11/2012 Date of filing/registration in Florida	4. Document number
) ,			
5.	(a)	UNITED STATES CORPORATION AGENTS, INC	
		Registered Agent and Registered Office shown on the records of the	Florida Dept. of State:
		13302 Winding Oak Court · Suite A	
		Registered Office Address (MUST BE FLORIDA STREET AD:	
		Tempa FL	33612
			wis
	(b)	InCorp Services, Inc.	g ယ
		Enter name of NEW Registered Agent and/or NEW Registered Of	Resident S
		17888 67th Court North	33612 DIVISION OF CORPORATIONS
		NEW Registered Office Address:	
		Loxahatchee, FL 33470	2 5
		Loxehatchee ,FL_	33470
ihe age was	chai nt w L/we	ill be identical. Or, in the case of a Florida limited liabi	e registered office and the business office of the registered lity company, it is hereby confirmed that the change(s) he limited liability company or as otherwise provided in
-		iro of a member of authorized segresentative of a member	John Healy Printed or typed name of signee
he he to t	visio obli nere ified	y accept, the appointment as registered agent and agree ms of all statutes relative to the proper and complete pe gations of my position as registered agent as provided fo ly reflect a change in the registered office address, I her in writing of this change.	to act in this capacity. I further agree to comply with the formance of my duties, and I am familiar with and accept or in Chapter 605, F.S. Or, if this document is being filed aby confirm that the limited liability company has been
18		Jessica Chappell on behalf of Incorp 8	
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INHS18 (2/14)