

L12000095711

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

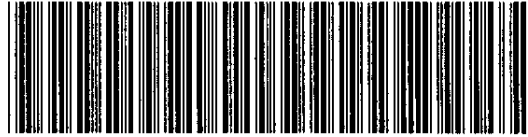
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Belle Meade Rentals LLC

\_\_\_\_\_  
Name of 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 concerning this matter to the following:

William Hirshberg

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

POB 402642

\_\_\_\_\_  
Address

Miami Beach FL 33140

\_\_\_\_\_  
City/State and Zip Code

whny58@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William Hirshberg

at ( 786 ) 570 1813

\_\_\_\_\_  
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 following 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 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. Name of the limited liability company: Belle Meade Rentals LLC

2. (a) Principal office address of limited liability company:  
*(Note: **MUST BE STREET ADDRESS**)*  
694 NE 76th St  
Miami FL 33138

(b) Mailing address of limited liability company:  
*(Note: **MAY BE POST OFFICE BOX**)*  
POB 402642  
Miami Beach FL 33140

July 24, 2012 L12000095711

3. Date of filing/registration in Florida 4. Document number

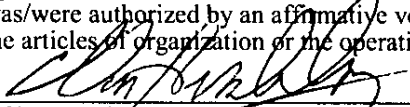
5. (a) Urban Resource Inc.  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Attn Daniel Veitia  
Registered Office Address *(**MUST BE FLORIDA STREET ADDRESS**)*  
1193 71st st  
Miami Beach, FL 33141

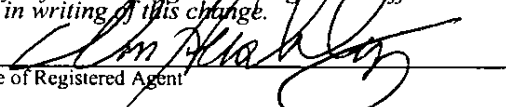
(b) William Hirshberg  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Office Address:  
6799 Collins Ave Apt 806  
Miami Beach, FL 33141

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.

 William Hirshberg  
Signature of a member or authorized representative of a member 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 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.*

  
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
FILING FEE: \$25.00

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2015 AUG 28 PM 2:15  
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