Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SUPERBIZ.COM, INC. Account Number : 120070000160

Phone : (800)494-3124 Fax Number : (305)675-2811

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LLC REGISTERED AGENT CHANGE UNIRENT CAR RENTAL LLC

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY \sim

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 No	me of the limited liability company: UNIRENT CAF	REN	TAL LLC		
	7318 MONACO STREET		(b) 7318 MONACO STREET		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) CORAL GABLES, FL 33143		
3. 5. (a)	CORAL GABLES, FL 33143	-	———	GABELS, 1 E 30 143	
	10/17/2012 ·		L120001		
	Date of filing/registration in Florida SUPERBIZ REGISTERED AGENT, INC.	4.		Document number	
	Registered Agent and Registered Office shown on the records of the 7318 MONACO STREET			17 S	
	Registered Office Address (MUST BE FLORIDA STREET A	<u>DDRES.</u>	FIE SS		
	CORAL GABLES , FE	33143		L. (1)	
	RODRIGUEZ, GONZALO 1 Enter name of NEW Registered Agent and/or NEW Registered	Office address:		PH IZ: 03 OF STATE E, Floridi	
	7318 MONACO STREET			> 	
	NEW Registered Office Address.			_,	
	CORAL GABLES	3314	3	· .	
the ch agent	limited liability company is not organized under the law range or changes are made, the Florida street address of will be identical. Dr. in the case of a Florida limited li- vere authorized by an allimnative vote of the members of ticles of organization of the operating agreement of the	ability of at the li- limited	company, it mited liabil Hisbility co	is hereby confirmed that the change(s) ity company or as otherwise provided in impany.	
RODRIGUE			Printed or typed name of signee		
I her provi the oi	ehy accept the applointment as registered agent and agestions of all statutes relative to the proper and complete sians of all statutes relative to the proper and complete hilyations of my losition as registered agent as provide rely reflect all hange in the registered office address. I ed in writing of this change.	ree to a perfor ed for it hereby	ct in this ca mance of m Chapter 6 confirm the	pacity. I further agree to comply with the	
Signature of Registreed Agent					
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314					