

8/25/2017

**Division of Corporations** 



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To:	Division of Connections	
	Division of Corporations	
	Fax Number : (850)617-6383	52 N
		U
From:		
	Account Name : REGISTERED AGENTS INC.	
	Account Number : 120090000081	و ج
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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14: LLC REGISTERED AGENT CHANGE A-1 RESIDENTIAL RENTALS LLC

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## STATEMENT OF CHANGE OF REGISTERED OFFICE GR 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.

]. ]	Name of the limited liability company: <u>A-1</u>	RESIDENTIAL REN	TALS LLC
2. (a	)	(b)	P O BOX 24871
	Principal office address of limited liability c ( <u>Note: MUST BE STREET ADDRE.</u>	ompany:	Mailing address of limited flability company: (Note: MAY BE POST OFFICE BOX)
	St. Petersburg, FL 33708	St. Petersburg, FL 33708	
		···	
	08/08/2013		L13000112651
3.	Date of filing/registration in Flori	da 4.	Document number
5. (;	3) CARY LANE CROSS		
	Registered Agent and Registered Office shown on th	of State:	
	10037 62nd Ter. N #21	و.	
	<u>10037 62nd Ter. N #21</u> Registered Office Address <u>(MUST BE FLORID</u>	A STREET ADDRESS	
	St. Petersburg	, FL_ <u>33708</u>	
(h	b) Registered Agents Inc.		M
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	V Registered Office address:	
			9.
	3030 N. Rocky Point Dr.		<b>~</b>
	NEW Registered Office Address:		
	STE 150A		
	Татра	FL 33607	
the e agen was/ the a	e limited liability company is not organized un hange or changes are made, the Florida street t will be identical. Or, in the case of a Florida were authorized by an affirmative vote of the inticles of organization or the operating agreer	nder the laws of the State address of the registered a limited liability compar members of the limited l nent of the limited liabili	office and the husiness office of the registered by, it is hereby confirmed that the change(s) iability company or as otherwise provided in ty company.
Sin	mature of a member or authorized representative of a me		Riley Park Printed or typed name of signee
oug	materie waa memoer waarnin voor opresentative of a me		Contraction of the second s

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 Jamiliar 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 Regimered Agent france.

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