

(Requestor's Name)					
(Address)					
(Address)					
(Cit	cy/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					
		Š			

Office Use Only



900293154639

900293154639 12/12/16--01046--004 \*\*25.00

16 DEC 12 PM 4: 19 DIVISION OF RESERVE ATTEMS

O SIMMONS
DEC 1 3 2016

## **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJ	JECT: FL HOME RENTALS, LLC		
		e of Limited Liab	pility Company
Dear	Sir or Madam:		
The e	nclosed Registered Agent/Registered Offic	ce Change and fe	ee(s) are submitted for filing.
Please	e return all correspondence concerning this	s matter to the fo	llowing:
Don	na Bertucci		
	Name of Person		_
Corr	aarata Diroot Ino		•
Corp	porate Direct, Inc		_
	Firm/Company		
2248	8 Meridian Bivd. Suite H		
	Address	. 3	5 - Tay the widerfact of Car -
Mine	den).NV:89423		South Control of the Cartest and Control
	City/State and Zip Code		_
		: .	
info	@corporatedirect.com		
	E-mail address: (to be used for future ann	ual report notific	eation)
For f	urther information concerning this matter,	please call:	
Don	na Bertucci	775	782-2201
	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	ration Section Registration Section On of Corporations Division of Corporations P.O. Box 6327 Executive Center Circle Tallahassee, Florida 32314	
17.73	Enclosed is a check for the following	amount:	
	☑ \$25 Filing Fee	\$5.5	5 Filing Fee & Certified Copy
INHS	518 (2/14)		

## 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. N	ame of the limited liability company: FL HOME R	ENTALS, I	LC
2. (a)			Mailing address of limited liability company:
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(Note: MAY BE POST OFFICE BOX)
	60 E. SIMPSON AVE, Box 2869	е	0 E. SIMPSON AVE, Box 2869
	JACKSON, WY 83001		ACKSON, WY 83001
	12/31/2013	L'	14000002872
3.	Date of filing/registration in Florida	4.	Document number
5. (a	,		
J. (u	Registered Agent and Registered Office shown on the records o	of the Florida De	ept. of State:
	DETWEILER, GERRI		
	Registered Office Address (MUST BE FLORIDA STREET	(ADDRESS)	
	1037 GREYSTONE LANE		16 1
	SARASOTA	34232	BEC TO
	······································	<u> </u>	
(b	Enter name of NEW Registered Agent and/or NEW Registered		\ \Rightarrow
	Enter name of NEW Registered Agent and/or NEW Registered	ed Office addre	555
	REGISTERED AGENTS INC.		TILED  16 DEC 12 PH 4: 19  BIVISION OF PRINCIPALITIES
	NEW Registered Office Address:		<del></del>
	3030 N. Rocky Point Drive, STE 150A		
	Tampa <sub>F</sub>	<sub>L</sub> 33607	·
sign the a	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members rticles of organization or the operating agreement of the mature of a member or authorized representative of a member reby accept the appointment as registered agent and a sisions of all statutes relative to the proper and comple bligations of my position as registered agent as provided in writing of this change.  Bill Havre/Assistant Se	of the registe liability coms of the limited lia liability constituted liability agree to act in the performanded for in Ch I hereby constitute of the liability constitut	pred office and the business office of the registered spany, it is hereby confirmed that the change(s) and liability company or as otherwise provided in bility company.  Printed or typed name of signee  This capacity. I further agree to comply with the

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