

L14000101516

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

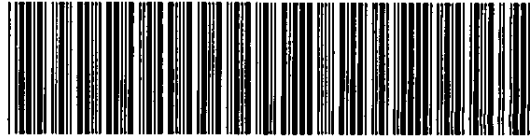
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
AUG 13 2015



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 27, 2015

RECEIVED
15 AUG 12 PM 2: 58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RENTAL PROPERTIES OF CENTRAL FLORIDA LLC
52 RILEY RD, STE. 325
CELEBRATION, FL 34747

SUBJECT: RENTAL PROPERTIES OF CENTRAL FLORIDA LLC
Ref. Number: L14000101516

We have received your document for RENTAL PROPERTIES OF CENTRAL FLORIDA LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 315A00004178

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Rental Properties of Central Florida 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:

Joseph Dzaluk

Name of Person

Firm/Company

939 Jasmine St

Address

Celebration, FL 34747

City/State and Zip Code

jdzaluk@gmail.com

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

For further information concerning this matter, please call:

Joe Dzaluk

at (407)

414-5997

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

INHS18 (2/14)

YOU HAVE
CHECK, THE
ATTACHED FORM IS
BENEF RESPT WITH SIGNATURE

**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: Rental Properties of Central Florida LLC

2. (a) _____ (b) _____

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

52 Riley Road

Celebration FL 34747

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

52 Riley Rd Suite 325

Celebration FL 34747

June 24, 2014

L14000101516

3. Date of filing/registration in Florida

4. Document number

5. (a) Agents and Corporations Inc

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

300 Fifth Ave Suite 101-330

Naples, FL 34012

(b) _____

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

Kimberley Keating

NEW Registered Office Address:

52 Riley Rd Suite 325

Celebration, FL 34747

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.

Kimberley Keating

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

FILED
2015 AUG 10 PM 12:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA