L14000 147695

		
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	<u> </u>
. /	/	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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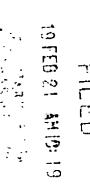
Office Use Only



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RIPUL

COVER LETTER

	gistration Section vision of Corporations		
SUBJECT	Rent Sarasota, LLC		
SOBJECT		of Limite	d Liability Company
Dear Sir or	Madam:		
The enclos	ed Registered Agent/Registered Offic	e Change	and fee(s) are submitted for filing.
Please retu	rn all correspondence concerning this	matter to	the following:
Henry L	. Rossi		
•	Name of Person		_
Rent Sa	arasota, LLC		
·	Firm/Company		 _
1000 Ea	ast Avenue N., Suite 2		
	Address		
Sarasot	a, FL 34237		
	City/State and Zip Code		
ltolbert@	@rentsrq.com		
E-ma	il address: (to be used for future annu	al report n	notification)
For further	information concerning this matter, p	lease calt	:
Henry L	. Rossi	941	374-0675
	Name of Person	(Area Code & Daytime Telephone Number
Re Di Cli 26	REET/COURIER ADDRESS: gistration Section vision of Corporations ifton Building 61 Executive Center Circle llahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
En	closed is a check for the following a	mount:	
	\$25 Filing Fee	ē	\$55 Filing Fee & Certified Copy

INHS18 (2/14)

* STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability consubmits the following statement in order to change its registered office or registered agent, or both, in the St Florida.

(a)	1000 East Avenue N, Suite 2	(b)	1000 Eas	st Avenue N,	Suite 2		
,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		М	failing address of lir (Note: MAYBE I		•	•
	Sarasota, FL 34237		Sarasota	, FL 34237	.	- · · · ·	
	09/18/2014		1400014	7695			
	Date of filing/registration in Florida	4.		Document numb	oer		
(a)	Jennifer Rossi-Tomanovich						
(α)	Registered Agent and Registered Office shown on the records	of the Florida D	ept. of State:	:			
	1000 East Avenue N						
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)					
	Sarasota	_{FL} 34237			₹ •%	19 FE	
(b)	Sarasota Henry L. Rossi	FL 34237			* * * *	19 FEB 21	F
(b)			<u>ess</u> :		· · · · · · · · · · · · · · · · · · ·	:3	
(b)	Henry L. Rossi		P85:			21 48 19: 1	F
(b)	Henry L. Rossi Enter name of NEW Registered Agent and/or NEW Registered		PSS:		**************************************	:3	F

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with a provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and act the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being fut 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.

Printed or typed name of signee

Signature of Registered Agent

Signature of a member or authorized representative of a member