Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H190000870073)))



	Doing so will generate anot	ther cover sheet. 	
To:	Division of Corporations Fax Number : (850)617-6	.383	
From:	,		
i i Om .	Account Name : REGISTERED	AGENTS INC.	
	Account Number : I200900000 Phone : (307)200-2		
	Fax Number : (855)330-1		•
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annual	Address:	ENT CHANGE	SECURITY OF STATE OF
annual	Address: LLC REGISTERED AG	ENT CHANGE	<u> </u>
annual	LLC REGISTERED AG CARIBBEAN RENT	ENT CHANGE	<u> </u>
annual	Address: LLC REGISTERED AG CARIBBEAN RENT	ENT CHANGE FALS, LLC	<u> </u>

Electronic Filing Menu

Corporate Filing Menu

Help

1 (-

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:	CARIBBEAN REN	TALS, LLC	
2. (a) 7901 4th Street North	(b) 7901	(b) 7901 4th Street North	
Principal office address of limited liab (Note: MUST BE STREET AL	ility company:	Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)	
Suite 300	Suite	300	
St. Petersburg, FL 33702	St. Pe	etersburg, FL 33702	
03/17/2015	L15 00	00048251	
3. Date of filing/registration in	Florida 4.	Document number	
5. (a) DIAZ, JACQUELINE		APPROVE FILED SECRETARIAS	
Registered Agent and Registered Office show	n on the records of the Florida Dept of	State: A A	
14171 VALENTINE TRAIL		E PAR	
Registered Office Address (MUST BE FL	ORIDA STREET ADDRESS)		
		FILED RIL AM 10: 30 RIL AM 10: 30 RIL AM 10: 30	
LARGO	. FL 33774	를 등	
(b) Registered Agents In	C	्राता 0 —	
Enter name of NEW Registered Agent and/o	r NEW Registered Office address		
7901 4th St N			
NEW Registered Office Address:			
STE 300		<u></u>	
St. Petersburg	, _{FL} 33702		
If the limited liability company is not organit	zed under the laws of the State of street address of the registered of lorida limited liability company of the members of the limited liab	it is hereby confirmed that the change(s) office and the business office of the registered bility company or as otherwise provided in	
	Rilev Park		
Signature of a member or authorized representative		Printed or typed name of signee	
I hereby accept the appointment as registere provisions of all statutes relative to the prop the obligations of my position as registered to merely reflect a change in the registered condified in writing of this change. Bill Havre	ed agent and agree to act in this er and complete performance of agent as provided for in Chapter office address, I hereby confirm to Assistant Secretary	capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed hat the limited liability company has been	
Signature of Registered Agent			