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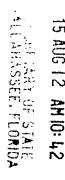
(Requestor's Name)						
(Address)						
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PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificate:	s of Status				
Special Instructions to Filing Officer:						
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and the second s	COVER LET	TTER	<u> </u>			Æ
TO: Registration Section Division of Corporations	j		 #	<i>≱</i> √	- 45	مور
Renters Rock, LLC SUBJECT:					., 7	
Name	of Limited Liab	ility Comp	oany			
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office	Change and fe	e(s) are su	bmitte	i for filing.		
Please return all correspondence concerning this	matter to the fol	llowing:				
Barbara Kaufmann						
Name of Person		•				
Renters Rock, LLC						
Firm/Company	······································	-				
3545 St. Johns Bluff Road S. #193						
Address		-				
Jacksonville, Florida 32217						
City/State and Zip Code		-				
rentersrock@gmail.com						
E-mail address: (to be used for future annua	l report potifics	ition)				
	-	itionij				
For further information concerning this matter, p	lease call:					
Barbara Kaufmann	904 at (518-97	65			
Name of Person		Area Code	& Day	ytime Tele _l	phone Nur	nber
STREET/COURIER ADDRESS:		LING AD		S:		
Registration Section Division of Corporations	Registration Section Division of Corporations					
Clifton Building		Box 6327	Poranic	7113		
2661 Executive Center Circle		hassee, Flo	orida 3	2314		
Tallahassee, Florida 32301		,		_		
Enclosed is a check for the following a	mount:					
■ \$25 Filing Fee	□ \$55	Filing Fee	& Cer	tified Copy	y	
INHS18 (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.

l. Na	Renters Roc	k, LLC			
2. (a)	8417 Glade Lane		354	5 St. Johns Bluff	Road S. #193
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Jacksonville, Florida 32217			_	f limited liability company: E POST OFFICE BOX) 32224
	1 May, 2015		L1500	00075847	
3. 5. (a)	Date of filing/registration in Florida Barbara Kaufmann	4.		Document nu	mber
. (u)	Registered Agent and Registered Office shown on the records of 8417 Glade Lane	f the Florid	a Dept. of	f State:	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u>s)</u>	············	<u> </u>
,	Jacksonville . Fl	32217	,	··· /-	AUG AHA
(b)	Barbara Kaufmann			· 	12 AH
:	Enter name of NEW Registered Agent and/or NEW Registered	d Office a	<u>ldress</u> :		AH IO: 43
	NEW Registered Office Address: 2242 Alt 19				.•
	Palm Harbor	ւ_34	683		
the chargent was/weithe arti	imited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited learn authorized by an affirmative vote of the members icles of organization or the operating agreement of the following the fact of the fact	of the reg iability c of the lin e limited	istered o ompany nited lia liability	office and the busing it is hereby confinibility company or company. Kaufmann	ness office of the registered rmed that the change(s) as otherwise provided in
I here provisi he obl to mero notifiga	ture of a member or authorized representative of a member by accept the appointment as registered agent and age ions of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, le d in writing of this change.	e perform ed for in hereby o	iance of Chapter confirm	capacity. I further fmy duties, and I a r 605, F.S. Or, if th that the limited lia	I name of signee r agree to comply with the m familiar with and accept his document is being filed bility company has been
	re of Registered Agent	10 A	در کو	ois.	