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OCT 2 8 2015 S. YOUTVU



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 8, 2015

SUZY SPENCE 3640 SCENIC HWY 98 DESTIN, FL 32541

SUBJECT: SPIRIT RENTALS LLC Ref. Number: L15000124986

We have received your document for SPIRIT RENTALS 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):

A post office box is not an acceptable address for the registered agent.

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.

Shelia H Young Regulatory Specialist II

Letter Number: 915A00021350

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www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee Florida 32314

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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Spirit Rentals 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:

Suzy Spence

Name of Person,

Firm/Company

3640 Scenic Hwy 98

Address

Destin, FL 32541

City/State and Zip Code

tracie@thecamfirm.com

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

For further information concerning this matter, please call:

Suzy Spence	850 837-3325
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	

2 \$25 Filing Fee

□ \$55 Filing Fee & Certified Copy



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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.

a)	3640 Scenic Hwy 98		(b) <u>3640 Scenic Hwy 98</u> Mailing address of limited liability company: (Nute: MAY BE POST OFFICE BOX)			
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0				
	Destin, FL 32541		Destin,	FL 32541		
	-July 21, 2015	••••	_15000°	124986		
` a \	Date of filing/registration in Florida Suzy Spence	4.	<u></u>	Document nun	nber	
(a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:					
	Registered Office Address (MUST BE FLORIDA STREET AD) 3640 Scenic Hwy 98	DRESS			SECUL	
	Destin FL 32	2,541				
) }	Tracie Martin			_ :		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Of</u> <u>4640</u> <u>GULF</u> STARR DR.	fice add	<u>ress</u> :	_	4: 53 LORIDA	
,	NEW Registered Office Address:					
-	Miramar Boach DESTIN , FE	2650	325	<u></u>		
chai it w 'we	mited liability company is not organized under the laws nge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liabi re authorized by an affirmative vote of the members of the <u>cles of organization</u> or the operating agreement of the lin	e regis lity co he limi	ered offic npany, it ted liabili	ce and the busine is hereby confirr ity company or as	ess office of the registered ned that the change(s)	
	Tracic Martin	<u></u>		e Martin		
ereh visio obli vere	urc of a member of authorized representative of a member by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete per gations of my position as registered agent as provided for by reflect a change in the registered office address. I her Lin writing of this change.	to act rforma or in C reby ca	in this cap nce of my hapter 60 nfirm that	Printed or typed r pacity. I further duties, and I am 5, F.S. Or, if thi t the limited liable	agree to comply with the	

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

Signature of Registered Agent