## L15000174694

Office Use Only



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02/19/16--01009--021 \*\*25.00



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## COVER LETTER

FO: Registration Section Division of Corporations					
SUBJECT: 40 NW RENTAL 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:					
ANA KOFF  Name of Person					
YO NW Rental LLC					
Firm/Company					
1/301 5. Dixie Hwy # 566269					
Miami, FL 33256-6269 City/State and Zip Code					
Documents@incorp.com					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Jackie DeFilippis InCorp Services, Inc.     at (					
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					
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301					
Enclosed is a check for the following amount:					
■ \$25 Filing Fee					
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.

1. 8	lame of the limited liability company: 40 NW RENTA	L LL	С		
2. (a)	CO4O Carab Divis I Patroner			SW 104 Street	
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(5)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Ste 406			<u> </u>	
	Miami, FL 33143	_	Miam	ii, FL 33156	
	10/14/2015		L1500	0174694	
3.	Date of filing/registration in Florida	4,		Document number	
5. (a	) KOFF, ANA				
	Registered Agent and Registered Office shown on the records of t	he Flo	rida Dept. of	State:	
8365 Sw 104Th Street					
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
	Miami , FL		33156	THE REPORT TO THE	
41	InCorp Services, Inc.			17.0	
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office	address:	<del>-</del> - 55 2	
		21114		量がる	
	17888 67th Court North				
	NEW Registered Office Address:				
	Loxahatchee , FL_		33470		
If the	limited liability company is not organized under the law	e of t	he State of	Florida it is hereby confirmed that after	
the ch agent	ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia effect authorized by an affirmative vote of the members of	the re bility	gistered of company,	ffice and the business office of the registered it is hereby confirmed that the change(s)	
the art	icles of organization or the operating agreement of the l	imite	d liability	company.	
	( ) Koth		<u> </u>	WA FOFF Manager	
_	ature 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 willing of this change.					
Signate	Jacki July Jacki	ie De	Filippis o	n behalf of Incorp Services, Inc.	
Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00					