

L160000035337

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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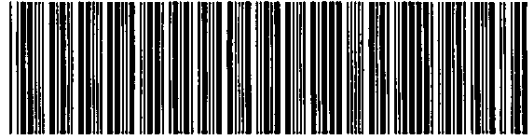
(Business Entity Name)

(Document Number)

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AUG 09 2016

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Palm 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:

Deborah Toole
Name of Person

Palm Rentals LLC
Firm/Company

1015 Atlantic Blvd #188
Address

Atlantic Beach FL 32233
City/State and Zip Code

adtoole001@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Deborah Toole at (904) 654-8530
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$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.

1. Name of the limited liability company: Palm Rentals LLC
2. (a) 1015 Atlantic Blvd #188 (b) 1015 Atlantic Blvd #188
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)
1015 Atlantic Blvd #188 1015 Atlantic Blvd #188
Atlantic Beach Fl 32233 Atlantic Beach Fl 32233
3. 2/19/2016 4. L16000035337
Date of filing/registration in Florida Document number
5. (a) Deborah Toole
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
1601 Linkside Ct N
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Atlantic Beach, FL 32233
- (b) Deborah Toole
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

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NEW Registered Office Address:
1015 Atlantic Blvd #188
Atlantic Beach, FL 32233

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Deborah Toole
Signature of a member or authorized representative of a member

Deborah Toole
Printed or typed name of signer

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 writing of this change.

Deborah Toole
Signature of Registered Agent