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| (Requestor's Name) | | | | | | |
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| (Address) | | | | | | |
| (Address) | | | | | | |
| (Cit | y/State/Zip/Phone | e #) | | | | |
| PICK-UP | ☐ WAIT | MAIL | | | | |
| (Bu | siness Entity Nar | ne) | | | | |
| (Document Number) | | | | | | |
| Certified Copies | _ Certificate: | s of Status | | | | |
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COVER LETTER

Registration Section

TO:

INHS18 (2/14)

| Divi | sion of Corporations | | | | | |
|-------------------------------|--|-----------------|---|--|--|--|
| SUBJECT: | Krisal Rental,LLC | | | | | |
| SUBJECT. | Name of Limited Liability Company | | | | | |
| Dear Sir or N | Madam: | | | | | |
| The enclosed | d Registered Agent/Registered Off | ice Change ar | and fee(s) are submitted for filing. | | | |
| Please return | all correspondence concerning th | is matter to th | the following: | | | |
| Krishna K | Somaru | | | | | |
| | Name of Person | | | | | |
| Krisal Ren | ital,LLC | | | | | |
| | Firm/Company | | | | | |
| 2313 SW 4 | 40TH Terrace | | | | | |
| | Address | | | | | |
| Cape Cora | al,Florida,33914 | | | | | |
| - | City/State and Zip Code | | | | | |
| | @gmail.com | | | | | |
| E-mail | address: (to be used for future and | nual report no | otification) | | | |
| For further in | nformation concerning this matter. | , please call: | | | | |
| Krishna K | Somaru | 239 at (| 699 7011 | | | |
| | Name of Person | | Area Code & Daytime Telephone Number | | | |
| Regi Divi Clift 2661 | REET/COURIER ADDRESS: istration Section sion of Corporations ton Building 1 Executive Center Circle ahassee, Florida 32301 | F 1 | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | | | |
| Enc | losed is a check for the following | g amount: | | | | |
| ☑ \$: | 25 Filing Fee | | \$55 Filing Fee & Certified Copy | | | |

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.

| Name of the limited liability compa | my: Krisal Rental | ,LLC | | | |
|--|---|--|--|--|--|
| a) 2313 sw 40th terrace | | 313 sw 40th terra | 3 sw 40th terrace | | |
| Principal office address of limit (<u>Note: MUST BE STRE</u> | | | (b) Mailing address of fimited liability company: (Note: MAY BE POST OFFICE BOX) | | |
| Cape Coral,Florida,33914 | | Cape Coral,Florida,33914 | | | |
| 7/28/2018 | | L16 | 6000131307 | | |
| Date of filing/registration | on in Florida | 4. | Document i | number | |
| United States Corporation | Agents,Inc. | | | | |
| Registered Agent and Registered Office 13302 Winding Oak Court | | the Florida Dep | it. of State: | | |
| Registered Office Address (MUST) A | BE FLORIDA STREET | ADDRESS) | | | |
| Tampa, | . FI | 33612 | | s × | |
| Enter name of NEW Registered Agent | and/or NEW Registered | 1 Office address | <u> </u> | FILE BIBAUG - 6 PM ECRETARY OF TALLAHASSEF | |
| 2313 sw 40th Terrace NEW Registered Office Address: | | | | PH 12: 50 OF STATE SEE, FL | |
| Cape Coral | FI | 33914 | | | |
| te limited liability company is not or change or changes are made, the Flont will be identical. Or, in the case of were authorized by an affirmative varticles of organization or the operat | orida street address of of a Florida limited li tote of the members of ting agreement of the | f the registerd lability compa of the limited limited liabi | ed office and the bus any, it is hereby con Hiability company o Hity company. Somaru | siness office of the register affirmed that the change(s) or as otherwise provided in | |
| gnature of a member or authorized represent | | | | ped name of signee | |
| reby accept the appointment as registions of all statutes relative to the obligations of my position as registed erely reflect a change in the registed field in writing of this change. | istered agent and ag proper and complete red agent as provide red office address, I | ree to act in to performance ed for in Chap hereby confi | his capacity. I furti e of my duties, and l oter 605, F.S. Or, ij rm that the limited l | her agree to comply with t l am familiar with and acc f this document is being fil liability company has been | |
| iature of Registered Agent | | | | | |