

L16000145825

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

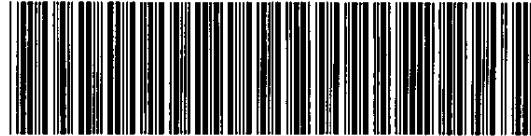
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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16 OCT 27 PM 4:44
TALLAHASSEE, FLORIDA

OCT 28 2016

CULKER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 30, 2016

NILKA MATEO
465 MAITLAND AVE STE 15
ALTAMONTE SPRINGS, FL 32701

SUBJECT: IZEL RENTPRO GROUP LLC.
Ref. Number: L16000145825

We have received your document for IZEL RENTPRO GROUP LLC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 716A00021133

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Izal Rent Pro Group 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:

NILKA Mateo
Name of Person

Izal Rent Pro Group LLC
Firm/Company

465 Maitland Ave Ste 15
Address

Altamonte Springs, FL 32701
City/State and Zip Code

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

For further information concerning this matter, please call:

NILKA Mateo at (419) 554-8420
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

**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: Izal RentPro group LLC

2. (a) 465 Maitland Ave Ste 15 (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

Altamonte Springs, FL 32701 _____

3. 08/04/16 4. L16000145825
Date of filing/registration in Florida Document number

5. (a) NILKA MATEO
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

518 Orange Dr Ste 21
Altamonte Springs, FL 32701

(b) _____
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

465 Maitland Ave Ste 15
NEW Registered Office Address:

Altamonte Springs, FL 32701

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16 OCT 27 PM 4:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

NILKA MATEO
Signature of a member or authorized representative of a member

NILKA MATEO
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.

NILKA MATEO
Signature of Registered Agent