

L17 00000 3042

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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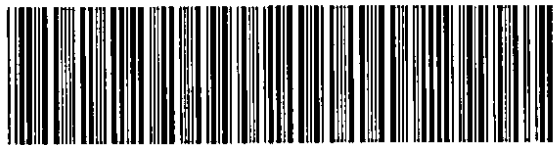
(Business Entity Name)

(Document Number)

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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: Rodriguez Family Rentals LLC

2. (a) 12106 SW 29th Place (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)

Gainesville, FL 32608

L17000003042

3.	Date of filing/registration in Florida	4.	Document number

5. (a) Perlin, Brian C
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

201 Alhambra Circle, Ste. 503

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Coral Gables, FL 33134

(b) Alina Rodriguez

Enter name of NEW Registered Agent and/or NEW Registered Office address:

12106 SW 29th Place

NEW Registered Office Address:

Gainesville, FL 32608

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.

Signature of a member or authorized representative of a member

Alina Rodriguez

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 writing of this change.

Signature of Registered Agent

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

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2020 FEB 27 PM 5:00
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ALL INFORMATION CONTAINED
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DATE 08-11-2010 BY 60322
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