L17000018241

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)					
PICK-UP WAIT	MAIL					
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of	Status					
Special Instructions to Filing Officer:						





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COVER LETTER

	istration Section ision of Corporations					
SUBJECT:	Heavy Equipment Sales & Rental					
SOBJECT.	Name of Limited Liability Company					
Dear Sir or l	Madam:					
The enclosed	d Registered Agent/Registered Of	ffice Change and fe	ee(s) are submitted for filing.			
Please returi	all correspondence concerning t	his matter to the fo	ollowing:			
Michael Rugl	h					
	Name of Person		_			
Heavy Equip	ment Sales & Rental					
	Firm/Company		_			
5525 Embass	y Street					
	Address		_			
Belle Isle, Flo	orida 32809					
	City/State and Zip Code		_			
mrugh55@gr	nail.com					
E-mail	address: (to be used for future ar	mual report notific	ation)			
For further i	nformation concerning this matte	r, please call:				
Michael Rug	h	614 at (571-4276			
	Name of Person	(Area Code & Daytime Telephone Number			
Reg Div P.O	iling Address: distration Section dision of Corporations dispersion Box 6327 dahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Enc	losed is a check for the followin	g amount:				
□ \$	25 Filing Fee	□ \$55	Filing Fee & Certified Copy			

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. Na	ame of the limited liability company: Heavy Equipmen	t Sales &	Rental			
			(b)			
, , ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_		Mailing address of limite (Note: MAY BE POS		
	5525 Embassy Street		РО ВОХ	·	TOFFICE BOX	
			_			
	Belle Isle, Florida 32809		ORLANI.	OO, FL 32802		
	01/23/2017		L17000018	3241		
3.	Date of filing/registration in Florida	_ 4.		Document number		
5. (a)	Renee Varga					
J. (41)	Registered Agent and Registered Office shown on the records of	the Flori	da Dept. of Sta	ite:		
	Registered Office Address (MUST BE FLORIDA STREET)	100PF		_	₹1 202	
	501 S New York Ave Suite 100	<u>,</u>		3 JUL 3		
	Winter Park	32879	<u></u> .	_	الله المراجة 1823 JUL 24	
	, rī	~		_		
(b)					新 () AM () : 2	
. ,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office :	iddress:	_	27	
	Michael Rugh					
	NEW Registered Office Address:			_		
	5525 Embassy Street					
	Belle isle	32879				
change agent v was/we the arti Signa I here provisi the obloomerd	imited liability company is not organized under the large or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited like authorized by an affirmative vote of the members of icles of organization or the operating agreement of the jure of a member organized representative of a member by accept the appointment as registered agent and agricular of all statutes relative to the proper and complete ligations of my position as registered agent as provide left reflect a change in the registered office address. It is the proper and complete the proper of this change.	e registe ability of the li- limited Mi mee to as perform d for in	red office ar company, it mited liabili liability cor chael Rugh of in this cap mance of my Chapter 60	nd the business office is hereby confirmed to the company or as oth impany. Printed or typed name of the confirmed of typed name of the confirmed of the confi	of the registered hat the change(s) erwise provided in of signee to comply with the iliar with and accept rument is being filed	