117000124661

(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:

Office Use Only



800320483188

12/10/18--01022--009 ++25.00



O SIMMONS DEC 1 4 2018

COVER LETTER

INHS18 (2/14)

то:	Registration Section Division of Corporations		
SUBJ			175. 6
	Nar	ne of Limited Lia	ibility Company
Dear S	Sir or Madam:		
The er	nclosed Registered Agent/Registered Of	fice Change and f	fee(s) are submitted for filing.
Please	return all correspondence concerning th	is matter to the f	ollowing:
Matth	new Tarantino		
	Name of Person		_
M&S	Rental Properties LLC		
	Firm/Company		_ ,
187 (Catesby Lane		
	Address	-	_
St. A	ugustine, FL 32095		
	City/State and Zip Code		_
matth	newtarantino1@gmail.com		
I	E-mail address: (to be used for future and	nual report notific	cation)
For fu	rther information concerning this matter	, please call:	
Matth	new Tarantino	813	785-8474
	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	Reg Divi P.O.	istration Section ision of Corporations . Box 6327 ahassee, Florida 32314
	Enclosed is a check for the following	g amount:	
	☑ \$25 Filing Fee	S 5:	5 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.

)		(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)
1	87 Catesby Lane		
S	St. Augustine, FL 32095		
	Date of filing/registration in Florida		Document number
, M	fatthew Tarantino		هـــ حين
	gistered Agent and Registered Office shown on the records of	the Florida Dept, o	f State:
			5
Re	egistered Office Address (MUST BE FLORIDA STREET	ADDRESS)	— A
1	4375 Silvertip Ct		 9:
J	acksonville Fi	32258	20
M	atthew Tarantino	<u></u>	
	tter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office address:	
NI	EW Registered Office Address:		_
1	87 Catesby Ln		
S	St. Augustine	32095	
	, rı	. <u> </u>	

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.

Printed or typed name of signee

Signature of Registered Agent

Signature of a member or authorized representative of a member