## 117000/4/98/

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
(3,500)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Certified Copies Certificates of Otations							
Special Instructions to Filing Officer:							
Special mendence to ming content							

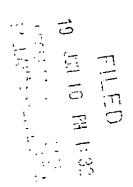
Office Use Only



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06/10/19- 01 10-001 -----

JUN 2 2 2019 S. YOUNG



## COVER LETTER

Registration Section Division of Corporations

TO:

Puma Rentals LLC						
Name of Limited Liability Company						
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.					
Please return all correspondence concerning this m	atter to the following:					
Miguel Rodriguez						
Name of Person						
Firm/Company						
9563 SW 45th Ave.						
Address						
Ocala, FL 34476						
City/State and Zip Code						
miguel@globalwiderealty.com						
E-mail address: (to be used for future annual	report notification)					
For further information concerning this matter, plea	ase call:					
Miguel Rodriguez	352 598-9693					
Name of Person	Area Code & Daytime Telephone Numbe					
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					
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	ime of the limited liability company: Puma Rentals	LLC	_	
2.	(a)	9563 SW 45th Ave. Ocala Fl 34476		))	
_	,,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)			ling address of limited liability company:  Note: MAY BE POST OFFICE BOX)
3. 5.		Date of filing/registration in Florida	- 4,	L170001419	981 ocument number
	(a)				
		Registered Agent and Registered Office shown on the records of a UNITED STATES CORPORATION AGENTS		i Dept. of State:	
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  13302 WINDING OAK COURT A			
		TAMPA	33612		
	(b)	Enter name of NEW Registered Agent and/or NEW Registered  Miguel Rodriguez		dress:	
		NEW Registered Office Address:			
		9563 SW 45th Ave.		· · · · · · · · · · · · · · · · · · ·	
		Ocala, FL	34476		
the age wa	cha ent v s/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	es of the the reginability co f the lim limited!	State of Floric stered office ar ompany, it is h nited liability c liability compa	nd the business office of the registered ereby confirmed that the change(s) ompany or as otherwise provided in my.
Miguel Rodrig					
prothe to not	teret svisi obl mere tifted	ture of a member of authorized representative of a member by accept the appointment as registered agent and agri ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address. It d in writing of this change.	ee to act perform I for in C iereby c	t in this canaci	inted or typed name of signee  tv. I further agree to comply with the  ies, and I am familiar with and accept  S. Or, if this document is being filed  limited liability company has been
Si	natu	re of Registered Agent			