

L170000154989

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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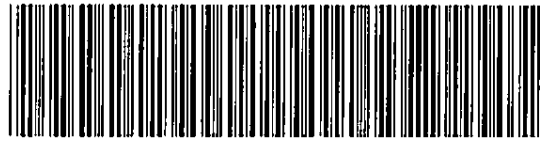
(Business Entity Name)

(Document Number)

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2023 NOV 29 PM 12:40

R. HUNT

11/29/23

COVER LETTER

TO: Registration Section  
Division of

Name of Limited Liability Company

SUBJECT:

Used Registered Agent/Registered Office Change and fee(s) are submitted for filing.  
Please return all correspondence concerning this matter to the following:

KARI MARX

Name of Person

ER TRAVEL LLC

Firm/Company

100 SE 20TH STREET

Address

FORT LAUDERDALE, FL 33316

City/State and Zip Code

paul.hanley@easirent.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KARI MARX

Name of Person

at (954)

210-4055

Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

FILED  
DIVISION OF CORPORATIONS  
2023 NOV 29 PM 12:40

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ER TRAVEL, 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:

KARI MARX  
Name of Person  
ER TRAVEL LLC  
Firm/Company  
100 SE 20TH STREET  
Address  
FORT LAUDERDALE, FL 33316  
City/State and Zip Code

paul.hanley@easirent.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KARI MARX 954 210-4055  
Name of Person at Area Code & Daytime Telephone Number

**Mailing Address:**

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Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

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FILED  
STATE OF FLORIDA  
DIVISION OF CORPORATIONS  
2023 NOV 29 PM 12:40

**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: ER TRAVEL, LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

100 SE 20TH STREET

FORT LAUDERDALE, FL 33316

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

100 SE 20TH STREET

FORT LAUDERDALE, FL 33316

7/19/2017

L17000154989

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

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

EXPORTACTION, LLC

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

4500 140TH AVENUE N SUITE 101

CLEARWATER, FL 33762

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

EXPORTACTION, LLC

**NEW Registered Office Address:**

4600 140TH AVENUE N SUITE 180

CLEARWATER, FL 33762

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.

Tim Koehler  
Signature of a member or authorized representative of a member

Tim Koehler, COO

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.*

Chad Miller  
Signature of Registered Agent

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

2023 NOV 29 PM 12:40  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS