117000259829

(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



500385222515

04/11/20~0:005~021 **20.00

2022 APR 11 AH 6: 38 SECRETARY OF STATE TALLAHASSEF FI

O SIMMONS APR 2 6 2022

COVER LETTER

TO: Registration Section Division of Corporations	•		
SUBJECT: Baker Rental Name of Limited Lie	Properties LLC ability 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 f	ollowing:		
Tiffany TBaker Name of Person	- Document #		
	L17000Z		
Firm/Company	829		
19474 Doris La Address	_		
FIMYERS, F1. 33917 Oity/State and Zip Code			
E-mail address: (to be used for future annual report notific	cation)		
For further information concerning this matter, please call:			
Tiffany T. Baker at (239) Name of Person			
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	5 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.

	me of the limited liability company: <u>Backer Renta</u>	1 Proporties 110
		The second secon
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) F1-33717	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Tiffany T. Baker	Same
	19474 Doris 1, Fort myers Fl. 33917	
3.	Date of filing/registration in Florida 4.	17000259829 Document number
5. (a)	DLF Registered Agent Served Agent Serve Registered Agent and Registered Office shown on the records of the Florida Dept. of Sta	nte:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) FORT MYERS F1. 33917	2022 APT SECRE TALL
	FL_33917	PILL AM 6: 38 2022 APR 11 AM 6: 38 SECRETARY OF STATI TALLAHASSEE, FL
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:	6: 38 STATI E, FL
X	NEW Registered Office Address:	— m
4 m²	19474 DECISEN	
<i>J</i> c	Fl.Myers R 339F	7
change agent v was/we the arti	imited liability company is not organized under the laws of the State of Fe or changes are made, the Florida street address of the registered office a will be identical. Or, in the case of a Florida limited liability company, it ere authorized by an affirmative vote of the members of the limited liability co organization or the operating agreement of the limited liability co	ind the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in ompany.
-	ture of a member of authorized representative of a member	mmy L. Baker Printed or typed name of signee
Llana	by account the appointment as registered agent and garge to get in this ca	nacity I further garge to comply with the
provisi the obl to mer	by accept the appointment as registered agent and agree to act in this ca lons of all statutes relative to the proper and complete performance of my ligations of my position as registered agent as provided for in Chapter 60 ely reflect a change in the registered office address. I hereby confirm that d in writing of this change.	y duties, and I am familiar with and accept 05, F.S. Or, if this document is being filed t the limited liability company has been

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