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J. HARRIS

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: RICK'S RENTALS & MANAGEMENT CO 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:
Name of Person
RICKS RENTALS & MANAGEMENT CO Firm/Company
4800 S. W. Nole AVENUE
SOUTHWEST RANCHES FLORIDA 3333 1 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
RICHARD (RICK) COURDD at (305) 799-6581 OFFICE 680 5716 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 MAILING ADDRESS: Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

S55 Filing Fee & Certified Copy

INHS18 (2/14)

□ \$25 Filing Fee

Enclosed is a check for the following amount:

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.

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1. Name of the limited liability company: Kick's HEN	ITALS = MANAGE MENT CO. L
2. (a) 4800 S.W. Ido AVENUE (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)
SOUTHWEST RANCHES FLERIDA 37331	SOUTHWEST RANCHES FLORIDA
<u></u>	<u> </u>
APRIL 09 2018 Date of filing/registration in Florida 4.	L 180000 88900 Document number
5. (a) Registered Agent and Registered Office shown on the records of the Florida	Dept. of State:
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	1
WILLISTON FLORISM 3269	<u>(a</u>
(b) RICHARD CONRAD Enter name of NEW Registered Agent and/or NEW Registered Office add	Iress:
NEW Registered Office Address:	
SOUTH WEST RANCHES FLORIO	<u>A 33</u> 331
, FL	
If the limited liability company is not organized under the laws of the the change or changes are made, the Florida street address of the regis agent will be identical. Or, in the case of a Florida limited liability cowas/were-authorized by an affirmative vote of the members of the limit the articles of organization of the operating agreement of the limited-limited limited limited.	tered office and the business office of the registered impany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in ability company.
Signature of a member or authorized representative of a member	Printed or typed name of signee
I hereby accept the appointment as registered agent and agree to act provisions of all statutes relative to the proper and complete performathe obligations of my position as registered agent as provided for in Comercia reflect a change in the registered office address. I hereby conotified in priting of this change. Signature of Registered Agent	in this capacity. I further agree to comply with the

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