## 118000204115

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(Only/State/Zipir Hone #)
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(Business Entity Name)
(Document Number)
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2018 DEC 17 PH 2: 31

D. BRUCE VAN 05 2019

## COVER LETTER

Division of Corporations		
SUBJECT: Always Airport and Cruise S	Ship Transportation LLC	
~	me of Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Of	fice Change and fee(s) are submitted for filing.	
Please return all correspondence concerning th	nis matter to the following:	
William Brogna		
Name of Person		
Rentaround Inc		
Firm/Company		
104 Day drive		
Address	<del></del>	
Sebastian FI 32958		
City/State and Zip Code		
rentaroundlimos@gmail.com		2018 DEC
E-mail address: (to be used for future and	nual report notification)	E C •••
For further information concerning this matter	, please call:	17 PH
William Brogna	561 445-7498	· · · · ·
Name of Person	Area Code & Daytime Telepl	hone 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 P.O. Box 6327 Tallahassec, Florida 32314	
Enclosed is a check for the following	g 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	me of the limited liability company: Always Airport	and Cr	nd Cruise Ship Transportation LLC				
2. (a)	3598 SW Formost Drive	(b)	3598 WS	Formost Driv	⁄e		
(,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	- (")	М	lailing address of lin (Note: MAY BE P		•	
	Port St. Lucie FI 34953		Port St. L	ucie 34953	·		
	8/27/2018	 L	1800020	4115			
3.	Date of filing/registration in Florida	4.		Document numb	 ег		- <del></del>
5. (a)	Marcel Rodriques						
	Registered Agent and Registered Office shown on the records of the 3598 SW Formost drive Port St. Lucie Fl 349  Registered Office Address (MUST BE FLORIDA STREET A.)	53	Dept. of State:				
(b)	Enter name of NEW Registered Agent and/or NEW Registered (	Office add	ess:		100 mm 10	2018 DEC 1	South to
	104 Day Drive Sebastian, FI 32958					7 P.K	
	NEW Registered Office Address:		· · · · · · · · · · · · · · · · · · ·			ΐ̈́	s 4
	104 Day drive Sebastian FI 32958				<u>Ç</u>	ယ္	
	. FL	32958					
the cha igent w	mited liability company is not organized under the law nge or changes are made, the Florida street address of till be identical. Or, in the case of a Florida limited lial attention or the authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	the registe bility con the limit	ered office npany, it is ed liability	and the business hereby confirme company or as of	office of that the	of the r le chai	registered nge(s)

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

notified in writing of this change.

Signature of Registered Agent