**Division of Corporations Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Pax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Control to any the same against the control of the

Account Number : 110432003053 : (561)694-8107 Phone Fax Number : (561)694-1639

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## LLC REGISTERED AGENT CHANGE ACTION RENTALS PNS, LLC

Certificate of Status	0
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Page Count	02
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## H20000128155

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H200001281	155				
STATEM	MENT OF CHANGE OF REGISTERES BOTH FOR LIMITED LIA	O OFFICE OR REGISTERED AGENT OR ABILITY COMPANY			
. The name of t	he limited liability company is: Action	n Rentals PNS, LLC			
. (a) Principal o	office address of the limited liability company:	3075 NW SOUTH RIVER DRIVE	<u> </u>		
•	MUST BE STREET ADDRESS)	MIAMI, FL 33142	ج. رح ـــــــ		
	ddress of limited liability company:	3075 NW SOUTH RIVER DRIVE MIAMI, FL 33142			
•	MAY BE POST OFFICE BOX)				
<u>IINOIE: N</u>	IN A DE LOST OFFICE DON				
	10/22/2018	1.18000247832			
Date of filing	/registration in Florida	4. Document number			
		on the records of the Florida Dept. of State:			
Registered	d Agent:	PARDO JACKSON GAINSBURG, PL			
•	1 Office Address:	200 SE IST STREET			
Registerer	d Office Address.	SUITE 700			
		MIAMI, FL 33131			
(b) Enter nar	me of <u>NEW Registered Agent</u> and/or <u>NEW I</u>	Registered Office address:			
NEW P	Registered Agent:	Corporate Creations Network Inc.			
<u>new</u> r	legistered Office Address:	801 US Highway 1	<del></del>		
(MUST	BE FLORIDA STREET ADDRESS)				
		North Palm Beach F1, 33408	<del></del>		
or changes are reduction of the control of the cont	made, the Florida street address of the registere in the case of a Florida limited liability company	s of the State of Florida, it is hereby confirmed that after id office and the business office of the registered agent way, it is hereby confirmed that the change(s) was/were aurepany or as otherwise provided in the articles of organization.	vill be thorized by		
	hispenza, Attorney-in-Fact				
l hereby accept of all statutes re my position as i	the appointment as registered agent and agree elative to the proper and complete performance registered agent as provided for in Chapter 60: d office address, I hereby confirm that the limit Anthony Dispenza, Special Secretar gistered Agent)	e to act in this capacity. I further agree to comply with e of my duties, and I am familiar with and accept the ob 5, F.S. Or, if this document is being filed to merely reflect liability company has been notified in writing of this ty	ligations of ect a change		
INHS18(10/99)	-				
•	eations International				
801 US Highw North Palm Be (561) 694-810	each FL 33408				