Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H190000326163)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617~6383

From:

Account Name : INCORP SERVICES INC

Account Number : 120120060007

: (702)866-2500

Phone Fax Number

: (702)866-2689

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

Email Address:_

LLC REGISTERED AGENT CHANGE SOGGY BOTTOMS RENTAL LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$25.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

| то: | Registration Section Division of Corporations | | | | |
|--------|--|---|------------|--|------------------|
| OTTO | SOG | GY BO | TTOMS | RENTAL LLC | |
| SUBJ | No. | ability Company | | | |
| Dear | Sir or Madam: | | | | |
| The e | nclosed Registered Agent/Registered Of | fice Cha | oge and | fee(s) are submitted for filing. | |
| Please | s return all correspondence concerning th | is matte | r to the | following: | |
| | JeanMarie Meyer | | | | |
| | Name of Person | | | | 2 |
| | InCorp Services, Inc. | | | | 2019 J |
| | Firm/Company | | | ·*** | IAN 2 |
| | 3773 Howard Hughes Pkwy. Suit | le 500S | ; | di production of the control of the | 28 |
| | Address | | | | $\frac{2\pi}{L}$ |
| | Las Vegas, NV 89169-601 | 4 | | 90 91 | <u>ب</u> و د |
| | City/State and Zip Code | | •• | | 0 |
| | Jean.Meyer@Incorp.com | | | | |
| | -mail address: (to be used for future and | inal tebo | ort notifi | cation) | |
| For fu | rther information concerning this matter, | , please | call: | | |
| Jear | л Магіе Меуег | at (| 702 | , 886-2500 ext. 6309 | |
| | 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 P.O. Box 6327 Tallahassee, Florida 32314 | | | |
| | Enclosed is a check for the following | amonn | t: | | |
| | ■ \$25 Filing Fee | | \$5. | 5 Filing Fee & Certified Copy | |
| INHS1 | 8 (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.

| I. Na | me of the limited liability company: SOGGY BOTT | TOMS RENTAL LLC |
|----------------------------|--|---|
| 2. (a) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | 631 TARPON AVE UNIT 6314 | 6319 Station Mill Drive |
| | Fernandina Beach, FL 32034 | Peachtree Corners, GA 30092 |
| | 12/13/2018 | 1.18000286477 |
| 3 . | Date of filing/registration in Florida | 4. Document number |
| i. (a) | HOGAN, ALLISON | |
| . (11) | Registered Agent and Registered Office shown on the records of t | the Florida Dept. of State: |
| | 424 South 14Th Street | |
| | Registered Office Address MUST BE FLORIDA STREET A | · · 3 |
| | Fernandina Beach , FL | 32034 28 AH 9: 3 |
| (b) | InCorp Services, Inc. | Office address: |
| | 17888 67th Court North NEY Registered Office Address: | 9: 30 |
| | Loxahatchee ,FL | 33470 |
| e char gent w as/wei | nge or changes are made, the Florida street address of tall be identical. Or, in the case of a Plorida limited lia | ws of the State of Florida, it is hereby confirmed that after the registered office and the business office of the registered ability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in limited liability company. |
| <u> </u> | 181/14 BUSDENS- | Ashley Osborne |
| _ | we of a member or authorized representative of a member y accept the appointment as registered agent and agree ins of all statutes relative to the proper and complete parties of all statutes relative to the proper and complete parties agent as provided by reflect a change in the registered office address, I have in writing of this change. | Frinted or typed name of signee ree to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and accept for in Chapter 605, F.S. Or, if this document is being filed hereby confirm that the limited liability company has been |
| iganiire | of Registered Agent | |