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Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803

Fax Number : (813)436-5206

er the email address for this business entity to be used for future चुत्रे annual report mailings. Enter only one email address please.★★

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LLC REGISTERED AGENT CHANGE RENTAL PAPA LLC

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7/16/2024 10,06;13 PDT . To: 18506176383 Page 2/2 Fax 813436520

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 hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. N	ame of the limited liability	Rental Papa Li	LC	
2. (a)	Principal office address	s of limited hability company: E STREET ADDRESS)	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	02/15/19			00041038
3.		gistration in Florida	4.	Document number
5. (a)	Stardust Properties Inc	,		
	Registered Agent and Registers 17264 SAN CARLOS BLVD Registered Office Address #302-170	ed Office shown on the records	of the Florida Dept.	
	FORT MYERS BEACH		FL_33931	
(b)	Registered Agents Inc Enter name of NEW Registere 7901 4th St N	<u>d Agent</u> and/or <u>NEW Registe</u>	red Office address:	
	NEW Registered Office Addre	····		
	STE 300			
	St. Petersburg		FL	
the cha agent was/w	ange or changes are made, will be identical. Or, in the	the Florida street address cease of a Florida limited active vote of the member	of the registered Hiability compairs of the limited I	of Florida, it is hereby confirmed that after loffice and the business office of the registered by, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company.
Pate	and production		Robin Jan	
Signa	iture of a member or authorized)	epresentative of a member		Printed or typed name of signee
provis the ob to mer	ions of all statutes relative	to the proper and comple registered agent as prove registered office address	ete nertornance .	is capacity. I finther agree to comply with the of my duties, and I am familiar with and accept or 605, F.S. Or, if this document is being filed a that the limited liability company has been
Treat	Kidens Da	vid Roberts - Assistan	t Secretary	

Signature of Registered Agent