L19000 078 694

(Requestor's Name)				
(Business Entity Name)				
(Document Number)				
				
Special Instructions to Filing Officer:				

Office Use Only



500337844685

12/12/19--01009--013 **25.00

SECREJARY OF STATE

2019 DEC 12 PM 6: 37

O SIMMONS JAN 14 2020

COVER LETTER

Registration Section TO: Division of Corporations RUSTIC SALT EVENT RENTALS LLC SUBJECT: 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: LOVETTE DOBSON Name of Person INCFILE.COM LLC Firm/Company 17350 STATE HWY 249 STE 220 Address HOUSTON, TX 77064 City/State and Zip Code EFILE1234@INCFILE.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LOVETTE DOBSON Area Code & Daytime Telephone Number Name of Person **Mailing Address:** Street Address: Registration Section Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 Enclosed is a check for the following amount: S25 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. N	ame of the limited liability company: RUSTIC SALT	EVENT RENTAL	S LLC
2. (a)		(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)
	280 38TH AVE SE		8TH AVE SE
	ST PETERSBURG, FL 33705		ETERSBURG, FL 33705
	03/21/2019	1.1900	0078694
3.	Date of filing/registration in Florida	4.	Document number
<i>=</i> ()			
5. (a)	Registered Agent and Registered Office shown on the records of	of the Florida Dept. o	of State:
	JAMES SMITH		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 280 38TH AVE SE		2019 DEC 12 PM 6: 37 SEORE IARY OF STAT TALLAHASSEE, FL
	ST PETERSBURG, I		PH 6: 37
			FI 37
(b)	Enter name of NEW Registered Agent and/or NEW Register	ed Office address:	
	AMANDA SANZ		
	NEW Registered Office Address:		
	1466 30TH AVE N		
	ST PETERSBURG	FL 33704	
chang agent was/w the art Sign: I here provise the metion motific	limited liability company is not organized under the le or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the authorized representative of a member or authorized representative of a member why accept the appointment as registered agent and a sitions of all statutes relative to the proper and completely actions of my position as registered agent as provided in writing of this change.	he registered office liability company s of the limited liability he limited liability LAMES SN	ce and the business office of the registered v, it is hereby confirmed that the change(s) ability company or as otherwise provided in v company. 4fTH - AMBR Printed or typed name of signee s canacity. I further agree to comply with the
	mcof Registered Agent		