

L19 000184205

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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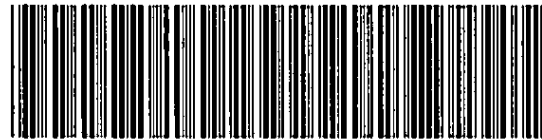
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA  
STATE

16

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SFL Auto Rentals LLC

\_\_\_\_\_  
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:

Andria Beal

\_\_\_\_\_  
Name of Person

SFL Auto Rentals LLC

\_\_\_\_\_  
Firm/Company

1221 Guava Isle

\_\_\_\_\_  
Address

Fort Lauderdale, FL 33315

\_\_\_\_\_  
City/State and Zip Code

andriapaige25@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andria Beal

919

522-2910

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**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. Name of the limited liability company: SFL Auto Rentals LLC

2. (a) 3255 SE 6th Ave, Fort Lauderdale, FL 33316  
Principal office address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)*

(b) 1221 Guava Isle, Fort Lauderdale, FL 33315  
Mailing address of limited liability company:  
*(Note: MAY BE POST OFFICE BOX)*

3. July 17, 2019  
Date of filing/registration in Florida

4. L19000184205  
Document number

5. (a) Legallnc Corporate Services Inc.  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
Legallnc Corporate Services Inc.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
5237 Summerlin Commons, Suite 400  
Fort Myers, FL 33907

(b) Andria Beal  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

Andria Beal  
NEW Registered Office Address:  
1221 Guava Isle  
Fort Lauderdale, FL 33315

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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Andria Beal  
Signature of a member or authorized representative of a member

Andria Beal  
Printed or typed name of signer

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Andria Beal  
Signature of Registered Agent