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COVER LETTER

TO: Registration Section Division of Corporations PURPLE TURTLE RENTAL PROPERTIES 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: Andrew Rauch Name of Person PURPLE TURTLE RENTAL PROPERTIES LLC Firm/Company 9605 NW 26th Ct Address Coral Springs, FL 33065 City/State and Zip Code rauchan l@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 269 8084683 Andrew Rauch at (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: □ \$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. N	ame of the limited liability company: PURPLE TURTI	E REN		
2. (a)	9605 NW 26th Ct Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Coral Springs, FL 33065		(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) Coral Springs, FL 33065	
	07/26/2019	_	L1900019171	
	Date of filing/registration in Florida UNITED STATES CORPORATION AGENTS, INC.	4.	I	Document number
(b)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 476 RIVERSIDE AVE Registered Office Address			
	Jacksonville , Fl	32202		2023 APR SECRED
	Andrew Rauch			27 8
	Enter name of NEW Registered Agent and/or NEW Registered	1 Office	address:	P
	9605 NW 26th Ct.			5
	NEW Registered Office Address:			デジーの の の
	Coral Springs, FL	33065		1
hange gent v as/we	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	registe ability of of the li limited	red office and company, it is l mited liability	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
Signa	ture of a member or authorized representative of a member			Printed or typed name of signee
rovisi ie obl i mere	by accept the appointment as registered agent and agr ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a charge in the registered office address. It d in writing of his change.	perfori	nance of my di	ities, and I am familiar with and accen
Signatu	re of Registered Agent			