L19000235270

| (Requestor's Name) | | | | | | | |
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| | | | | | | | |
| (Address) | | | | | | | |
| | | | | | | | |
| (Address) | | | | | | | |
| | | | | | | | |
| (C | ity/State/Zip/Phone #) | | | | | | |
| PICK-UP | ☐ WAIT | MAIL | | | | | |
| | | | | | | | |
| (B | usiness Entity Name) | | | | | | |
| | | | | | | | |
| (D | ocument Number) | | | | | | |
| | | | | | | | |
| Certified Copies | Certificates of | Status | | | | | |
| | | | | | | | |
| Special Instructions to | Filing Officer: | | | | | | |
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Office Use Only



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COVER LETTER

| TO: | | stration Section sion of Corporations | | Λ** | | | | |
|---------|------------|---|------------|---|--|--|--|--|
| SUBJI | ECT: | Rental Heroes Property Management, LLC | | | | | | |
| 3020. | | Name of Limited Liability Company | | | | | | |
| Dear S | Sir or N | Madam: | | | | | | |
| The en | closed | Registered Agent/Registered Office Change | : ai | nd fec(s) are submitted for filing. | | | | |
| Please | return | all correspondence concerning this matter to |) th | ne following: | | | | |
| John C | adden | | | | | | | |
| | | Name of Person | | | | | | |
| Rental | Heroes | Property Management, LLC | | | | | | |
| | | Firm/Company | | | | | | |
| 3660 N | I. Lake | Shore Drive Suite 200 | | | | | | |
| | | Address | | | | | | |
| Chicag | 30, IL 6 | 0613 | | | | | | |
| | | City/State and Zip Code | | _ | | | | |
| jeadder | n@rent | alheroespm.com | | | | | | |
| F | E-mail | address: (to be used for future annual report | no | tification) | | | | |
| For fur | rther ir | nformation concerning this matter, please cal | l : | | | | | |
| John C | adden | 312 at (| | 733-1600 | | | | |
| | | Name of Person | | Area Code & Daytime Telephone Number | | | | |
| | | ling Address: stration Section | | Street Address: Registration Section | | | | |
| | _ | sion of Corporations | | Division of Corporations | | | | |
| | | Box 6327 | | The Centre of Tallahassee | | | | |
| | | ahassee, FL 32314 | | 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | | | |
| | | | | | | | | |
| | Encl | osed is a check for the following amount: | | | | | | |
| | S 2 | 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. | Na | me of the limited liability company: Rental Heroes Pro | perty N | 1ar | anagement, LLC |
|--------------------------|-----------------------------|---|--|--------------------------------|--|
| 2. (| a) | | | (b) | 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) |
| | | 3660 N. Lake Shore Dr. Ste. 200 | | | 3660 N. Lake Shore Dr. Ste. 200 |
| | | Chicago, IL 60613 | _ | | Chicago, 1L 60613 |
| | | 9/17/19 | | j | L19000235270 |
| 3. | | Date of filing/registration in Florida | 4. | - | Document number |
| 5. | (a) | Registered Agents, Inc. | | | |
| J. | (u) | Registered Agent and Registered Office shown on the records of | the Flori | ida | la Dept. of State: |
| | | Registered Office Address (MUST BE FLORIDA STREET A | 4DDRE | SS | <u></u> |
| | | 7901 4th street N Suite 300 | | | |
| | | ST. Petersburg, FL | 33702 | | |
| () | (b) | Alexander Dobrev Enter name of NEW Registered Agent and/or NEW Registered Of | | | ASSO P III |
| | (-) | | | | |
| | | NEW Registered Office Address: | | | |
| | | 215 N. Eola Drive | | | · · · · · · · · · · · · · · · · · · · |
| | | Orlando | 32801 | | |
| cha age was the | nge nt v s/we arti | imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liable and the case of a Florida limited liable case of organization of the operating agreement of the cure of a member or authorized representative of a member by accept the appointment as registered agent and agreems of all statutes relative to the proper and complete | registe ability of the li limited Jo | ere cor mi H li hn | red office and the business office of the registered company, it is hereby confirmed that the change(s) mited liability company or as otherwise provided in liability company. n Cadden Printed or typed name of signee to in this canacity. I further agree to comply with the |
| the to n not | obl nere ified | ons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I have been address. | l for in iereby | co. | Chaptér 605, F.S. Or, if this document is being filed on firm that the limited liability company has been |
| Sig | من natu | re of Registered Agent | | | |