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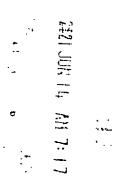
(Requestor's Name)	_
(Address)	
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(Address)	
(City/State/Zip/Phone #)	
PICK-UP WÂIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
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U8/14/21--U1U25--U12 **25.00



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JUL 14 2021



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Carissa Koetitz carissa.koetitz@cscglobal.com

Date: June 10, 2021

Order#: 853059/005

Re: MOKE RENTAL CARS, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Carissa Koetitz c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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	ame of the limited liability company:	L CARS	, LI	LC				
2. (a)	19114 FISHER ISLAND DRIVE		(b)	209 EAS	T 62ND STRE	ET		
2 . (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)	ì	Mailing address o (Note: MAY B		-	• -
	MIAMI, FL 33109			NEW YO	RK, NY 10065			
	12/16/2019		L	.19000306	6024			
3.5. (a)	Date of filing/registration in Florida ROME, TODD	4.			Document nu	mber		
J. (u)	Registered Agent and Registered Office shown on the records of 19114 FISHER ISLAND DR.	f the Flori	da I	Dept. of State	- e:		612	
	Registered Office Address [MUST BE FLORIDA STREET	ADDRES	SS)		-	627 557		
	MIAMI , F	L_33109			-	~	<u>.</u>	•
	Corporation Service Company						!	· · ·
(b)	Enter name of NEW Registered Agent and/or NEW Registere	d Office a	ıddı	ress:	-	,	7	
	1201 Hays Street							
	NEW Registered Office Address:	<u></u>		 .	-			
	Tallahassee, F	L_32301			• -			
change agent v was/we	imited liability company is not organized under the later conchanges are made, the Florida street address of the will be identical. Or, in the case of a Florida limited later authorized by an affirmative vote of the members cles of organization or the operating agreement of the	e registe iability c of the li	red on mit	l office and ipany, it is ed liability	d the business s hereby confir y company or	office of med that	the reg	istered inge(s)
/s/ To	/s/ Todd Rome			Todd Rome, Authorized Person				
Signa	ture of a member or authorized representative of a member				Printed or typed	name of si	gnee	
provisi the obl to mere notified	by accept the appointment as registered agent and ag ons of all statules relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	ree to ac perforn ed for in hereby c	ct ii nan Ch con	n this capa ice of my a lapter 605 firm that t	acity. I further luties, and I at , F.S. Or, if th the limited liab	r agree to m familia nis docum bility com	comply r with a ent is b pany he	y with the and accept eing filed as been
Signatu Grace	re of Registered Agent E. Kirby, Asst. Vice President, on behalf of Corpora	ition Ser	vic	e Comnan	v			

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18 (2/14)