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(Requestor's Name)						
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PICK-UP WAIT MAIL						
(Business Entity Name)						
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(Document Number)						
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Conditionation of Status						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
J DENNIS						
JUL 2 ປ 2023						

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05/17/23--01019--007 **25.00

MAY IT PH 2: 27

COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJE	VAGABOND RENTALS 3011 6TH S	VAGABOND RENTALS 3011 6TH ST LLC Name of Limited Liability Company					
	Name						
Dear Si	ir or Madam:						
The en	closed Registered Agent/Registered Office	c Change and	d fec(s) are submitted for filing.				
Please	return all correspondence concerning this	matter to the	: following:				
Dalc He	ersowitz						
	Name of Person						
VAGA	BOND RENTALS 3011 6TH ST LLC						
	Firm/Company		_				
2665 Sc	outh Bayshore Drive Ste 220-95						
	Address						
Miami l	Florida 33133						
	City/State and Zip Code						
<u></u> =	accounting@razilie		5				
	ther information concerning this matter, p	_	ncation)				
	ersowitz	949	6978813				
	Name of Person	_at (
	ranic of I cison		Area Code & Daytime Telephone Number				
	Mailing Address:		Street Address:				
	Registration Section		Registration Section				
	Division of Corporations P.O. Box 6327		Division of Corporations				
	Tallahassee, FL 32314		The Centre of Tallahassee				
	Talialiassee, 1-6-32314		2415 N. Monroe Street, Suite 810 Taliahassee, FL 32303				
	Enclosed is a check for the following a	mount:					
	■ \$25 Filing Fee	a :	\$55 Filing Fee & Certified Copy				
INHSIE	8 (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.

2. (a)			(L)			
•	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b)	Mailing address of limited I	liability company:	
	2665 South Bayshore Drive Ste 220-95		2665 South Bayshore Drive Stc 220-95 Miami Florida 33133			
	Miami Florida 33133					
	03/06/2020		L20000070947			
3.	Date of filing/registration in Florida	- 4.		Document number		
5. (a)	Dale Hersowitz					
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:					
	Registered Office Address MUST BE FLORIDA STREET	ADDRI	SS)	•		
	2665 South Bayshore Drive Ste 220-95					
	Miami , FI	33133			2023 MAY 17	
(b)	BOLANOS TRUXTON P.A.	•			AAY I	
` · ·	Enter name of NEW Registered Agent and/or NEW Registered	l Office	address:	-	7	
	BOLANOS TRUXTON P.A.				123 MAY 17 PH 2: 27	
	NEW Registered Office Address:			-	27	
	12800 UNIVERSITY DRIVE STE 350	· · · · · · · · · · · · · · · · · · ·			-1 0	
	FORT MYERS , FI	33907				
gent w vas/we he artic	or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited life authorized by an affirmative vote of the members of the operating agreement of the member of a	registe ability of the I limited D	cred office and company, it is imited liability d liability com ale Hersowitz	d the business office of thereby confirmed that y company or as other ipany. Printed or typed name of s	the registered the change(s) wise provided in	
	y accept the appointment as registered agent and agriss of all statutes relative to the proper and complete gations of my position as registered agent as provide ty reflect a change in the registered office address, I in writing of this change	ree to a perfor d for ir hercby	ct in this capa mance of my a Chapter 605, confirm that t	ncity. I further agree to duties, and I am familia F.S. Or, if this docum the limited liability con	o comply with the comply with and accept are is being filed apany has been	

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

INHS18 (2/14)