## LZO 000131931

| (Requestor's Name)                      |                    |             |  |  |
|---|--------------------|-------------|--|--|
| (Address)                               |                    |             |  |  |
| (Address)                               |                    |             |  |  |
| (Cit                                    | ry/State/Zip/Phone | e #)        |  |  |
| PICK-UP                                 | ☐ WAIT             | MAIL        |  |  |
| (Bu                                     | siness Entity Nan  | me)         |  |  |
| (Document Number)                       |                    |             |  |  |
| Certified Copies                        | _ Certificates     | s of Status |  |  |
| Special Instructions to Filing Officer: |                    |             |  |  |
|   |                    |             |  |  |
|   |                    |             |  |  |
|   |                    |             |  |  |
|   | <u> </u>           |             |  |  |





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SECRETARY OF STATE TALL AHASSEE, FL

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3/8/21

## **COVER LETTER**

|                | egistration Section vision of Corporations   |                                    |  |  |
|----------------|--|------------------------------------|--|--|
| SUBJECT        | SOUTHSIDE RENTALS, LLC   |                                    |  |  |
|                | Name of Limited Liability Company  |                                    |  |  |
| Dear Sir o     | r Mađam:   |                                    |  |  |
| The enclos     | sed Registered Agent/Registered (  | Office Change and fe               | ee(s) are submitted for filing.  |  |
| Please retu    | ırn all correspondence concerning  | this matter to the fo              | ollowing:  |  |
| ROBERT         | MCKINNEY   |                                    |  |  |
|                | Name of Person   |                                    | _  |  |
| SOUTHSII       | DE RENTALS, LLC  |                                    |  |  |
|                | Firm/Company   |                                    | _  |  |
| 4846 MIRA      | AMAR DRIVE UNIT 1204   |                                    |  |  |
|                | Address  |                                    | _  |  |
| ST. PETER      | RSBURG, FL 33708   |                                    |  |  |
|                | City/State and Zip Code  | e                                  | _  |  |
| ROB.MCK        | INNEY4@GMAIL.COM   |                                    |  |  |
| E-ma           | nil address: (to be used for future a  | annual report notific              | ation)   |  |
| For further    | r information concerning this matt   | ter, please call:                  |  |  |
| ROBERT !       | MCKINNEY   | 727<br>at (                        | 644-6784   |  |
|                | Name of Person   | ur (                               | Area Code & Daytime Telephone Number   |  |
| Ro<br>Di<br>P. | ailing Address: egistration Section ivision of Corporations O. Box 6327 allahassee, FL 32314 |                                    | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |  |
| Er             | nclosed is a check for the followi   | ing amount:                        |  |  |
|                | \$25 Filing Fee  | ☐ \$55 Filing Fee & Certified Copy |  |  |

INHS18 (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.

| 1. Na  | ame of the limited liability company: SOUTHSIDE  | RENTALS,   | S, LLC  |
|--|--|--|---|
| 7 (n)  |  | /1   | <b>/L</b> )   |
| 2. (a)   | Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)   | (1   | (b) Mailing address of limited liability company:  (Nate: MAY BE POST OFFICE BOX)   |
|  | 4846 MIRAMAR DRIVE UNIT 1204   |  | 4846 MIRAMAR DRIVE UNIT 1204  |
|  | ST. PETERSBURG, FL 33708   |  | ST. PETERSBURG, FL 33708  |
|  | 05/15/2020   |  | L20000131931  |
| 3.   | Date of filing/registration in Florida   | 4.   | Document number   |
| 5. (a)   |  |  |   |
| 5. (a)   | Registered Agent and Registered Office shown on the records GIONIS & LILLY, PLLC   | s of the Florida   | da Dept. of State:  |
|  | Registered Office Address (MUST BE FLORIDA STRE  | ET ADDRESS   | <u>ss)</u>  |
|  | 1299 MAIN STREET STE C   |  |   |
|  | DUNEDIN  | .FL_34698  | 2021<br>SEC   |
|  |  |  |   |
| (b)  |  |  |   |
|  | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>   | ered Office ad   | iddress:  |
|  | ROBERT MCKINNEY  |  | SECRETARY OF STATE  STALL ARY SEE STATE  address:   |
|  | NEW Registered Office Address:   |  | <u> </u>  |
|  | 4846 MIRAMAR DRIVE UNIT 1204   |  | in ,  |
|  | ST. PETERSBURG   | .FL_33708  |   |
| agent v  | e or changes are made, the Florida street address of will be identical) Or, in the case of a Florida limited   | the registered liability consists of the limited limit | company, it is hereby confirmed that the change(s) mited liability company or as otherwise provided in  |
| Signa  | ture of a member or authorized representative of a member  |  | Printed or typed name of signee   |
| I here,<br>provisi<br>the obl<br>to mero<br>notifica | hy accept the appointment as registered agent and cions of all statutes relative to the proper and completigations of my position as registered agent as proviely reflect a change in the registered office address d in writing of this change. | agree to act<br>ete perform<br>ided for in (<br>. I hereby ca  | ct in this capacity. I further agree to comply with the nance of my duties, and I am familiar with and accept Chapter 605, F.S. Or, if this document is being filed confirm that the limited liability company has been |
| Signatu  | re of Registered Agent   |  |   |
|  | Division of Cornerations P.  | O Day 633  | 374 Tallahassaa El 23214  |

FILING FEE: \$25.00