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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone

: (307)200-2803

Fax Number

Email Address:_

: (855)330-1010

**Enter the email address for this business entity to be used for future

annual report mailings. Enter only one email address please.*

LLC REGISTERED AGENT CHANGE ROAD TO RICHES RENTALS LLC

| Certificate of Status | 0 |
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SEP 1 8 2020

S. YOUNG

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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 | nme of the limited liability company: Road to F | Riche | s Ren | ıtals | | | |
|--------------------------------|--------------------------|--|---|---|--|--|---------------------------------------|------------------------------------|
| า | (a) | 2125 JACKSON BLUFF RD | (b) 2125 JACKSON BLUFF RD | | | | | |
| | (11) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | _ (0) | | Mailing address of limit (Note: MAY BE PQ: | ed liability | compan | |
| | | T202 | | T202 | | | | |
| | | TALLAHASSEE,, FL 32304 | _ | TALLAH | HASSEE,, FL 323 | 304 | | |
| | | 07/01/2020 | l | _20000: | 186007 | | | |
| 3. | | Date of filing/registration in Florida | 4. | | Document number | | | |
| 5 | (a) | DIMITRI LIMAGE | | | | | | |
| .,. | (47) | Registered Agent and Registered Office shown on the records of the | ie Florida | Dept. of Stat | e: | | | |
| | | 2125 JACKSON BLUFF RD | | | • | şd | 7020 SEP 17 | |
| | | Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | | | _ ; | | SEF | |
| | | T202 | | | _ | A Property | - | - |
| | | TALLAHASSEE | 32304 | | _ | ACCURATION OF THE PERSON OF TH | - F | |
| | (b) | Registered Agents Inc. | | | _ | | 1 AM 10: 15 | |
| | | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u> | Office add | ress: | | • 🕶 | O1 | |
| | | 7901 4th St N | | | | | | |
| NEW Registered Office Address: | | | | | _ | | | |
| | | STE 300 | | | _ | | | |
| | | St. PetersburgFL | 33702 | | una. | | | |
| the ag | ent v as/wa | imited liability company is not organized under the law ange or changes are made, the Florida street address of to will be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l | the regist bility con the limi imited li | ered offic npany, it i ted liabilit | e and the business of is hereby confirmed ty company or as otl | office of the that the c | he regi hange | istered (s) |
| K | ما ، Signa | ture of a member or authorized representative of a member | | , | Printed or typed name | of signee | · | |
| pr the | ovisi 2 obl mere | by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided ely reflect a change in the registered office address. I have a have a him writing of this change. Bill Havre - Assistant | performa for in C ereby co | nce of my hapter 60: nfirm that | oacity. I further agr duties, and I am far 5, F.S. Or, if this do the limited liability | ree to com miliar with ocument is company | ply wi h and i s beiny has b | th the accept g filed een |

Signature of Registered Agent