L210000891094

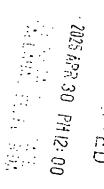
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
J. HORNE MAY - 1 2025				

Office Use Only



000447609650

2025 APR 20 AH 11: 58





115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088
If there are any issues
please contact Cheyanne at
850-202-1882

Date:	04/30/2025				
Name:	Cheyanne Davis	_			
Reference #	2702904	_			
Entity Name	DESIGN DIST	RICT RENTALS LLC			
☐ Articl	les of Incorporation/Authorization ndment nge of Agent				
Reinstatement Conversion					
 Merger Dissolution/Withdrawal Fictitious Name Other					
Authorized A	Amount: \$25.00				



04/00/0005

115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

If there are any issues please contact Cheyanne at 850-202-1882

Date:	04/30/2025				
Name:	Cheyanne Davis	-			
Reference	#:2702904				
Entity Nam	ne: DESIGN DIST	RICT RENTALS LLC			
Ame	cles of Incorporation/Authorization endment inge of Agent	to Transact Business			
Reinstatement					
Conversion					
☐ Mer	ger				
☐ Dissolution/Withdrawal					
☐ Fictitious Name					
☐ Othe	er				
Authorized Signature:	M D:				

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. No	ame of the limited liability company:DESIGN [DISTRICT F	RENTALS LLC
2. (a)		(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)
	No Change		
	 		
	3/2/2021		L21000089694
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	CORPORATE CREATIONS NETWORK INC.		
. ,	Registered Agent and Registered Office shown on the records of the	ie Florida Dep	ept. of State:
			20.
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)	
	801 US HWY 1		<u></u>
	NORTH PALM BEACH	33408	2025 AFR 30 AH
(b)	Cogency Global Inc.		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office address	<u> </u>
	115 North Calhoun Street, Suite 4		·
	NEW Registered Office Address:		
	T. W.		
	Tallahassee , FL_	32301	
the cha agent v was/w	imited liability company is not organized under the law inge or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited liab ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	the registere bility compa `the limited	red office and the business office of the registered pany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in
	s/ Shaun Nilsson		Shaun Nilsson
_	iture of a member or authorized representative of a member		Printed or typed name of signee
provisi the obt to mer	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I ha d in writing of this change.	ve to act in the performance for in Chapereby confi	this capacity. I further agree to comply with the re of my duties, and I am familiar with and accep upter 605, F.S. Or, if this document is being filed irm that the limited liability company has been
-	s/ Tim Mayville, Assistant Secretary		
Signatu	ire of Registered Agent		

Action with the second