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SECRETARY OF STAN

COVER LETTER

Divi	sion of Corporations						
SUBJECT:	Fleming Rental Properties, LLC Name of Limited Liability Company						
Dear Sir or N	Madam:						
The enclosed	d Registered Agent/Registered C	Office Change ar	nd fee(s) are submitted for filing.				
Please return	all correspondence concerning	this matter to th	e following:				
Darryl J. Tom	npkins. Esquire						
	Name of Person						
Darryl J. Tom	npkins, P.A.						
•	Firm/Company						
Post Office B	ox 519						
	Address	· · · · · · · · · · · · · · · · · · ·					
Alachua, Flor	ida 32616						
	City/State and Zip Code	<u> </u>					
jim@tropictra	aditions.com						
E-mail	address: (to be used for future a	nnual report not	ification)				
For further in	nformation concerning this matte	er, please call:					
Darryl J. Tom	ipkins. Esquire	386 at (418-1000				
	Name of Person	ar (Area Code & Daytime Telephone Number				
<u>Mai</u>	ling Address:		Street Address:				
Regi	istration Section		Registration Section				
	sion of Corporations		Division of Corporations				
	Box 6327		The Centre of Tallahassee				
Talla	ahassee, FL 32314		2415 N. Monroe Street, Suite 810				
			Tallahassee, FL 32303				
Enel	osed is a check for the following	ng amount:					
= \$2	25 Filing Fee		\$55 Filing Fee & Certified Copy				

TO: Registration Section

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	me of the limited liability company: Fleming Rental Pr	opertio	es, L	LC	
2. (a	1)	Fleming Rental Properties, LLC	(b) Fleming Rental Properties. LLC			ental Properties, LLC
2. (•,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		21585 West Newberry Road			Post Office	Box 36
		Newberry, FL 32669	_		Newberry,	F1. 32669
		September 29, 2021		ì	.210004271	57
3.		Date of filing/registration in Florida	4.	-		Document number
5. (a)	Darryl J. Tompkins				
J. (α)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State				: ::
		Darryl J. Tompkins				
		Registered Office Address (MUST BE FLORIDA STREET)	<u>IDDRE</u>	<u>(SS)</u>		•
		14420 NW 151st Boulevard				
		Alachua	32615		•	•
		, FL				
(t	9)	James L. Fleming				
	,	Enter name of NEW Registered Agent and/or NEW Registered	Office	add	ress:	-
		James L. Fleming				
		NEW Registered Office Address:				•
		21585 West Newberry Road				
						•
		Newberry . FL	32669			
chan agen was/	ge t w we	mited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registe bility f the li limited	ered con imit I lia	office and pany, it is ed liability bility com	I the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.
Sia	_	familia (familia familia famil	Ja —	mes	L. Fleming	<u></u>
I her provi the o to me notif	reb isti bli ere lea	ure of a member or authorized representative of a member by accept the appointment as registered agent and agreens of all statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a change in the registered office address, I have it in writing of this change.	ee to a perfor I for in ereby	ct ii mar Ch con	this capa ce of my d apter 605, firm that ti	Printed or typed name of signee of typed name of signee octiv. I further agree to comply with the luties, and I am familiar with and accept F.S. Or, if this document is being filed the limited liability company has been