## KZ2000138204

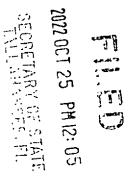
(Requestor's Name)						
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## **COVER LETTER**

TO: Registration Section Division of Corporations							
SUBJECT: Subject Rentals  Name of Limited Liability Company							
Dear Sir or Madam:							
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.							
Please return all correspondence concerning this matter to the following:							
Jeremy Sherrill Name of Person							
J Roc Rentals, LIC Firm/Company							
3470 Custer Ave Address							
Lake Worth, FL 33467 City/State and Zip Code							
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Name of Person at (561) 335-4441  Area Code & Daytime Telephone Number							
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303							

<sup>-</sup> \$55 Filing Fee & Certified Copy

INHS18 (2/14)

<sup>-</sup> \$25 Filing Fee

Enclosed is a check for the following amount:

## 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)	Principal office address of limited liability company:	_ (b	)	———— Maili	ng address of l	imited liabil	Hity company;
	(Note: MUST BE STREET ADDRESS)			( <u>N</u>	ote: MAY BE	POST OFF	ICE BOX)
	2054 Vista Parkway Suite 461	Q		470 Custer Airnue			
	West Palm Beach FL 33411	_	LA KA	<u> </u>	Nocth,	FL	33467
	3  21   22	<u>-</u>	L,				·1
3.	Date of filing/registration in Florida	4.		Do	cument nun	nber	
5. (a)	Registered Agent and Registered Office shown on the records of the	e Florida	Dept. of S	State:			
	Registered Office Address (MUST BE FLORIDA STREET AL	DDRESS	<u> </u>				
	1901 N.E. 28th Avenue					SEC!	§ 2022 (
	Pompone Beach, FL					RETA	F!L. 1
41.3	<b>,</b>					AUT TO SE	5 P
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>			<del></del>		がの民	PM 12: 05
	3470 Custer Avenue					, 17	Cij
	NEW Registered Office Address:						
	Lake Worth .FL	33	5467				
change agent v was/w	imited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the light	register bility co f the lin	ed office ompany, nited liab	e and the it is he pility co	e business ereby confirompany or a	office of t med that t	he registered the change(s)
4	1-12 M		Terev	m-l	Sherr ited or typed n		
—Signa	ture of a member or authorized representative of a member			Pri	ited or typed n	ame of sign	ee
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 h d in-writing of this change.	ee to ac perform I for in ( ereby c	t in this c ance of t Chapter onfirm th	capacion my dut 605, F hat the	y. I further ies, and I ar .S. Or, if th limited liah	agree to n familiar is docume ility comp	comply with the with and accep ent is being filed cany has been

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

Signature of Registered Agent