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COVER LETTER

Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and feets) are submitted for filing. Please return all correspondence concerning this matter to the following: Julio C Cruz Lopez Name of Person Croix Rentals LLC Firm/Company 301 S Frontage Rd Address Plant City, FL 33563 City/State and Zip Code Inotelplanteity@gmail.com E-mail address: tto be used for future annual report notification) For further information concerning this matter, please call: Julio Cruz Name of Person Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Enclosed is a check for the following amount:	Croix Rentals LLC SUBJECT:			
The enclosed Registered Agent/Registered Office Change and feets) are submitted for filing. Please return all correspondence concerning this matter to the following: Dulio C Cruz Lopez		Name of Limited	Liability Company	
Please return all correspondence concerning this matter to the following: Description Description	Dear Sir or Madam;			
Name of Person Croix Rentals LLC Firm/Company 301 S Frontage Rd Address Plant City, F1, 33563 City/State and Zip Code hotelplanteity@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Julio Cruz Name of Person Area Code & Daytime Telephone Number Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Page 15 Street Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Tallahassee, FL 32303	The enclosed Registered Agent/Registered C	Office Change an	d fee(s) are submitted for filing.	
Name of Person Croix Rentals LLC Firm/Company 301 S Frontage Rd Address Plant City, FL 33563 City/State and Zip Code hotelplantcity@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Julio Cruz 915 Name of Person Area Code & Daytime Telephone Number Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Tallahassee, FL 32303	Please return all correspondence concerning	this matter to the	e following:	
Firm/Company 301 S Frontage Rd Address Plant City. FL 33563 City/State and Zip Code hotelplanteity@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Julio Cruz Name of Person Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Tallahassee, FL 32303	Julio C Cruz Lopez			
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For further information concerning this matter, please call: Julio Cruz Part (915 356-6654) Name of Person Area Code & Daytime Telephone Number Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	Firm/Company			
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Name of Person Area Code & Daytime Telephone Number	E-mail address: (to be used for future a	annual report noti	itication)	$H_{\rm H}$ $\tilde{\omega}$
Name of Person Area Code & Daytime Telephone Number Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Area Code & Daytime Telephone Number Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	For further information concerning this mat	ter, please call;		
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Registration Section Division of Corporations P.O. Box 6327 Tallahassee. FL 32314 Registration Section Division of Corporations The Centre of Tallahassee 2415 N, Monroe Street, Suite 810 Tallahassee. FL 32303	Name of Person	(Area Code & Daytime Telepl	hone Number
Enclosed is a check for the following amount:	Registration Section Division of Corporations P.O. Box 6327		Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, St	
■ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy		•	ess tillian ton 9. Comifful Com-	

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,	Name of the limited liability company: Croix Rentals I		
2. (a	WLS Fronting Rd	PO Bo:	x 5730
2. (Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Plant City, FL	Plant C ————————————————————————————————————	ny, Ff.
	33563	33563	
	06/29/2022	1,22000	293883
3.	Date of filing/registration in Florida	4.	Document number
5. (Julio C Cruz Lopez		
(Registered Agent and Registered Office shown on the records a 2504 Walden Woods Dr	of the Florida Dept. of S	State:
	Registered Office Address (MUST BE FLORIDA STREE Suite 3	2024 D SECT	
	Plant City 1	FL 33566	TEC 1
(t	Julio C Cruz Lonez	MELDEC 18 PH 1: 33 PEGRETYARY OF STELL AHRS SEE THE	
	301 S Frontage Rd		757 33
	NEW Registered Office Address:		
	Plant City	FL 33563	
chan agen was/	e limited liability company is not organized under the loge or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members articles of organization or the operating agreement of the	he registered office liability company, s of the limited liab	and the business office of the registered it is hereby confirmed that the change(s) ility company or as otherwise provided in company.
Sig	nature of a member or authorized representative of a member		Printed or typed name of signee
prov the o to m notif	reby accept the appointment as registered agent and a isions of all statutes relative to the proper and compleibligations of my position as registered agent as providerely reflect a change in the registered office address, ived in writing of this change.	te pertormance of n	ny duties, and Lam familiar with and accept.