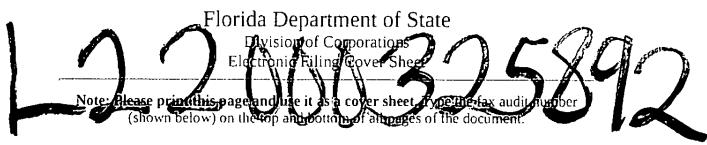
Division of Corporations



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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

: (813)436-5206

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Empil	Address:			
Cilidit	MUULESS.			

LLC REGISTERED AGENT CHANGE RK1 LUXURY RENTAL CARS LLC

Certificate of Status	0
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Estimated Charge	\$25.00

M. SOLOMON JUN 14 2024

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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.

(a)		(b)			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liab	Mailing address of limited hability company: (Note: MAY BE POST OFFICE BOX)	
	07/22/2022	L2	2000325892		
	Date of filing/registration in Florida	4.	Document number	-	
(a)	LNCORP SERVICES, INC.				
,,	Registered Agent and Registered Office shown on the records of	of the Florida De	ept, of State;		
				24	
	Registered Office Address <u>(MUST BE FLORIDA STREE)</u>	(ADDRESS)		: :=	
	17B88 67TH COURT NORTH			24 July 14	
	LOXAHATCHEE	L 33470		:	
				<u> </u>	
(b)	Northwest Registered Agent LLC			PH12: 21	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	ed Office addre	555:		
	7901 4th St N		,ô		
	NEW Registered Office Address:				
	STE 300				
	St. Petersburg	33702			
cha ent v s/we arti	imited liability company is not organized under the lange or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members reles of organization or the operating agreement of the	of the register liability comp of the limite e limited liab	red office and the business office of pany, it is hereby confirmed that the d liability company or as otherwise offity company.	of the register ne change(s)	
/ /	V- Granty	Nat Smi			
•	ture of a member or authorized representative of a member		Printed or typed name of sign		
wisi obl nere	by accept the appointment as registered agent and ag ons of all statutes relative to the proper and complet igations of my position as registered agent as provid ely reflect a change in the registered office address, i I in writing of this change.	gree to act in e performand led for in Cha I hereby conf	this capacity. I further agree to c se of my duties, and I am familiar spier 605, F.S. Or, if this documen from that the limited liability comp	comply with the with and acce of is being file any has been	