L2300038180H

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(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	ECT: Boat.Rent LLC	301.5	
	Nar	ne of Limiter	Liability Company
Dear S	iir or Madam:		
The cr	nclosed Registered Agent/Registered Off	lice Change a	and fee(s) are submitted for filing.
Please	return all correspondence concerning th	nis matter to t	he following:
Christi	na Alvez		
	Name of Person		
Elevati	ion Tax Group		
	Firm/Company		
8839 8	Redwood Rd STE B		
	Address		
West	lordan, UT 84088		
	City/State and Zip Code		
	ssdocs@elevationtax.com		
Ī	E-mail address: (to be used for future and	nual report no	stification)
For fu	rther information concerning this matter	, please call:	
Christin	na Alvez	at () 519-1666
	Name of Person		Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS:		MAILING ADDRESS:
	Registration Section		Registration Section
	Division of Corporations		Division of Corporations
	Clifton Building		P.O. Box 6327
	2661 Executive Center Circle Tallahassee, Florida 32301	•	Tallahassee, Florida 32314
	Enclosed is a check for the following	g amount:	
	525 Filing Fee	0	\$55 Filing Fee & Certified Copy
INHSI	8 (2/14)		

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.

(b) <u>P</u>	O Box 538 Fort Lauderdale, FL 33302 Mailing address of limited liability company:
	Mailing address of limited Bakiling someone
	(Note: MAY BE POST OFFICE BOX)
	2000381804
- 4	Document number
of the Florida Dep	pt. of State:
(ADDRESS)	
32301	
ed Office addres	9-9
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33702	
of the register liability comp of the limited	nte of Florida, it is hereby confirmed that after ed office and the business office of the registered any, it is hereby confirmed that the change(s) d liability company or as otherwise provided in ility company. Printed or typed name of signee this capacity. I further agree to comply with the
	4. of the Florida De FADDRESS) 1, 32301 ed Office addres aws of the Sta of the register liability comp of the limited e limited liab

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