Division of Corporations

Florida Department of State Division of Comorations

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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

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

Email Address:_

LLC REGISTERED AGENT CHANGE WATERHOUSE RENTALS, LLC

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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

	414 Minlaut Creat # 17954		411 Waln	ut Street # 17854
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (b)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Green Cove Springs		Green Co	ve Springs
	Florida 32043	_	Florida 32	043
	11/03/22	1	L22000472	018
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	ANDERSON REGISTERED AGENTS, INC.			
. (a)	Registered Agent and Registered Office shown on the records of th	e Florida	Dept. of Stat	te:
	625 E. Twiggs Street, Suite 110			
	Registered Office Address (MUST BE FLORIDA STREET AL	ODRESS)		_
(b)	Tampa , FL	33602		2024
	Registered Agents Inc			APPRO AN FILI 2024 NOV - L SECRETARY TALL ATTACKS
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office add	<u>ress</u> :	
	7901 4th St N			- PH 13:
	NEW Registered Office Address:			- ကြ ုံး လု
	STE 300			- -
	St. Petersburg	3702		
the cha agent w was/we the arti	mited liability company is not organized under the lawsing or changes are made, the Florida street address of tivill be identical. Or, in the case of a Florida limited liability authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liability of a member of authorized representative of a member.	he regis pility co the limi imited li	tered offic mpany, it i ited liabili	te and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in
Signat	ure of a member or authorized representative of a member	-		Printed or typed name of signee
provisi the obli to mere	oy accept the appointment as registered agent and agre fons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I he I'in writing of this change.	e to act verforma for in C vreby ca	in this cap race of my hapter 60 afirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been

11/4/2024 06:12.36 FST