L23000254629

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
(Cit	Ji Otater Zipri Holle	• <i>1</i> 1		
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
100	omodo Emily Man			
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



100432935611

07/12/24--01909--014 **25.00

2024 JUL 11 AM 8: 07

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: RAT ROYLY BENTALS Name of Limited	LLC I Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change as	nd fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the	ne following:
hacked Holfon Name of Person	
R+J Party Lentals, LLC	
2926 192nd Street	
Wellborn FL 32094 City/State and Zip Code	-
E-mail alidress? (to be used for future annual report no	tification)
For further information concerning this matter, please call:	
Packet Holton at 38	4) 249-1183 Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amount:	

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

\$25 Filing Fee

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. Na	ame of the limited liability company: hat Park	1 Bart	als L	LC
2. (a)	2926 192nd St Wellborn FL US 32094	(b)		92nd St Wellborn, FL US 320
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		М	lailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	May 24th 2023		L2300	0254629
3.	Date of filing/registration in Florida	4.	I	Document number
5. (a)	Zenbusiness Inc			•
	Registered Agent and Registered Office shown on the records of	the Florida	Dept, of State:	
	536 E Collège Huenue	4000CCC		
	Registered Office Address VIMUST BE FLORIDA STREET	<u>ADDKESS</u>		
	<u> </u>		221	2024 TĂI
	allahasse	<u> </u>	201	E E
21.5	hadred Halton			2024 JUL 11
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office ado	lress:	SEE T
	2921, 192ml St			2024 JUL 11 AM 8: 08 TALLAHASSEE, FLORIDA
	NEW Registered Office Address:			DA OA
	Wellborn FL	32	094	
If the 1	limited liability company is not organized under the lav	vs of the	State of Flor	rida, it is hereby confirmed that after the
change	e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia	registere	d office and	the business office of the registered hereby confirmed that the change(s)
was/we	ere authorized by an affirmative vote of the members of	f the limi	ted liability	company or as otherwise provided in
me arn	icles of organization or the operating agreement of the	mmica n	aoini Seoini Asch	rl Holton
Signa	ature of a member or authorized representative of a member) NO	Printed or typed name of signee
provisi the obl to merc	thy accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provided element of the proper in the registered office address, I have in writing of this change.	performa	nce of my di	uties, and I am familiar with and accept
Signatu	ure of Registered Agent			