Division of Corporations

Florida Department of State Division of Corporation

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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.

Email	Address:				

LLC REGISTERED AGENT CHANGE STANLEY'S 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.

l. Na	me of the limited liability company: STANLE	Y'S RENTALS LLC	
?. (a)	Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	06/21/2023 -: n-r	L230	00298875
. (a)	g Date of filing/registration in Florida REPUBLIC REGISTERED AGENT LLC	4.	Document number
. (4)	Registered Agent and Registered Office shown on the re	cords of the Florida Dept.	of State:
	Registered Office Address (MUST BE FLORIDA S	TREET ADDRESS)	
	MIAMI	_{E1} 33126	
(b)	REGISTERED AGENTS INC Enter name of NEW Registered Agent and/or NEW Ro 7901 4TH ST N	egistered Office address	2021, J. J. 21 F
	NEW.Registered Office Address:		
•	STÉ 300		<u></u> €
	ST. PETERSBURG	FL	
hange gent w vas/wo he arti	or changes are made, the Florida street address will be identical. Or, in the case of a Florida line are authorized by an affirmative vote of the med cles of organization or the operating agreement	s of the registered off nited liability compan mbers of the limited l t of the limited liabilit	y, it is hereby confirmed that the change(s) iability company or as otherwise provided in
T (zer	ure of a member or authorized representative of a member	Robin Jor	
herel provision he obli potified (1) (XI	w acrem the appointment as registered agent	and agree to act in th	Printed or typed name of signee is capacity. I further agree to comply with the of my duties, and I am familiar with and accept er 605, F.S. Or, if this document is being filed a that the limited liability company has been

:2:0

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