## L24000111346

•						
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
, , ,						
(Document Number)						
, ,						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
J. HORNE JUL - 9 2024						
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JUL "						

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## **COVER LETTER**

TO: Registration Section Division of Corporations

SUBJECT:	PRIMEKEY RENTALS LLC						
Solution	Na	Liability Company					
Dear Sir or Mad	dam:						
The enclosed R	legistered Agent/Registered Of	fice Change a	nd fee(s) are submitted for filing.				
Please return al	Il correspondence concerning the	nis matter to t	ne following:				
Michael Serrano	,						
	Name of Person						
ZenBusiness Inc							
	Firm/Company		<del></del>				
336 E. College A	Ave. Suite 301						
	Address	•					
Tallahassee, Fl.	32301						
	City/State and Zip Code						
ra@zenbusiness	s.com						
E-mail ad	ldress: (to be used for future an	nual report no	tification)				
For further info	ormation concerning this matter	r, please call:					
Michael Serrano		844 at (	493-6249				
	Name of Person		Area Code & Daytime Telephone Number				
Registi Divisio P.O. B	ng Address: ration Section on of Corporations fox 6327 assee. FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Enclos	ed is a check for the followin	g amount:					
■ \$25	Filing Fee	٥	\$55 Filing Fee & Certified Copy				

## 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.

I. N	ame of the limited liability company:PRIME	KEY	KENTA	ALS LLC
2. (a)	8858 ANDREAS AVENUE	(t	8858 AND	REAS AVENUE
(,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ `		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	ORLANDO, FL 32832	<del></del>	ORLANDO	D. FL 32832
	03/04/2024	_	L240001113	46
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	SANMUGASUNTHARAM, GANESH			
5. (a)	Registered Office Address (MUST BE FLORIDA STREET ADDR	RESS)		
	8858 ANDREAS AVENUE			
	Registered Office Address (ST BE FLORIDA STREET ADDRES	S)		•
	ORLANDO, FL	32832		
41.3	ZenBusiness Inc			2:
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office ad	dress:	202Կ Մ.
	336 E. College Ave. Suite 301			1
	NEW Registered Office Address:			
			_	Ç <u>n</u>
	Tallahassee, FL	323	01	
change agent was/w	limited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia were authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	registere bility co f the lim	ed office and mpany, it is ited liability	I the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
/s/	Ganesh Sanmugasuntharam			Ganesh Sanmugasuntharam
Signa	ature of a member or authorized representative of a member			Printed or typed name of signee
I here provis he obs o mer notifie	by accept the appointment as registered agent and agreeions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address. I have the complete of the second of the sec	ee to act performa I for in C ereby co	in this capa ince of my a hapter 605, onfirm that t	icity. I further agree to comply with the huties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been
Ciamar	Wil Den L			
aignati	are of Registered Agent			