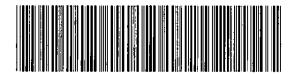
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(Requestor's Name)						
(Address)						
V 2003 /						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
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COVER LETTER

TO: .	Registration Section Division of Corporations						
SUBJE	CCT: FOUR SISTERS RENTALS LL						
Name of Limited Liability Company							
Dear Si	ir or Madam:						
The end	closed Registered Agent/Registered	Office Change and	fee(s) are submitted for filing.				
Please	return all correspondence concerning	this matter to the	following:				
FELTM	IAN, JAMES W						
	Name of Person						
FOUR	SISTERS RENTALS LLC		<u> </u>				
	Firm/Company						
5661 E	HWY 98		<u> </u>				
	Address						
Panama	a City, FL 32404						
	City/State and Zip Cod	le					
Landio	rd@JimFeltmanHomes.com						
	-mail address: (to be used for future	annual report notif	ication)				
For fur	ther information concerning this mat	ter, please call:					
Janette	Aker	at (850) 774-3666				
	Name of Person		Area Code & Daytime Telephone Number				
	Mailing Address:		Street Address:				
	Registration Section		Registration Section				
	Division of Corporations		Division of Corporations				
	P.O. Box 6327		The Centre of Tallahassee				
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810				
			Tallahassee, FL 32303				
	Enclosed is a check for the follow	ing amount:					
■ \$25 Filing Fee		□ \$	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.

1. N	ame of the limited liability company: FOUR SISTER	RS RENTAL	LS LLC				
2. (a)	5661 E Highway 98	(b	5661 E Highway 98				
(/	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability comp (Note: MAY BE POST OFFICE BO.	-			
	5661 E Highway 98		5661 E Highway 98				
	Panama City, FL 32404		Panama City, FL 32404				
	04/16/2024		L24000127249				
3.	Date of filing/registration in Florida	4.	Document number				
5. (a	BURKE BLUE						
J. (u	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:						
	JOY MARLER MASTERS, ESQ.						
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)						
	221 MCKENZIE AVENUE						
	PANAMA CITY	FL_32401	- · · · · -				
(b)	James W. Feltman						
(0)	Enter name of NEW Registered Agent and/or NEW Register	red Office add	Idress:				
	James W. Feltman		~				
	NEW Registered Office Address:	•					
	5661 E Highway 98						
	n ov	20.40.4					
	Panama City	FL_32404					
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. Signatule of a member or authorized representative of a member Printed or typed name of signee							
I here provis the of to me	by accept the appointment as registered agent and a sions of all statutes relative to the proper and comple digations of my position as registered agent as provide the reflect a change in the registered office address, and in writing of this change.	gree to act	t in this capacity. I further agree to comply w	vith the			

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

Signature of Registered Agent