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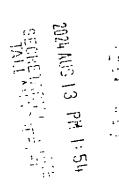
| (Requestor's Name) |
|---|
| |
| (Address) |
| (1001000) |
| |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| (,, |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
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| |
| (Document Number) |
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| Certified Copies Certificates of Status |
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| , |
| Special Instructions to Filing Officer: |
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COVER LETTER

| TO: | Registration Section Division of Corporations | | | |
|---|--|----------------------|--------------------------------------|--|
| SUBJI | ECT: SSF RENTALS, LLC | | | |
| | | Name of Limited L | Liability Company | |
| Dear S | ir or Madam: | | | |
| The en | closed Registered Agent/Registered | Office Change and | d fee(s) are submitted for filing. | |
| Please | return all correspondence concerning | g this matter to the | following: | |
| FELTN | AAN, JAMES W | | | |
| | Name of Person | | TA TAR | |
| | | | 三二 | |
| SSF RI | ENTALS, LLC | | | |
| | Firm/Company | | | |
| 5661 E | HWY 98 | | <u> </u> | |
| | Address | | t_{ij} | |
| Danam | a City, FL 32404 | | | |
| ranam | City/State and Zip Coo | le | | |
| | | | | |
| | rd@JimFeltmanHomes.com | | | |
| E | -mail address: (to be used for future | annual report noti | fication) | |
| For fur | ther information concerning this ma | tter, please call: | | |
| Janette | Aker | at (850 | y 774-3666 | |
| | Name of Person | (| Area Code & Daytime Telephone Number | |
| | Mailing Address: | | Street Address: | |
| Registration Section Division of Corporations | | | Registration Section | |
| | | | Division of Corporations | |
| P.O. Box 6327 | | | The Centre of Tallahassee | |
| | Tallahassee, FL 32314 2415 N. Monroe Street. Suite | | | |
| | | | Tallahassee, FL 32303 | |
| | Enclosed is a check for the follow | ing amount: | | |
| | ■ \$25 Filing Fee | - \$ | \$55 Filing Fee & Certified Copy | |

INHS18 (2/14)

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.

| (a) _ | 5661 E Highway 98 | | 5661 E Hi | ghway 98 | | |
|-------------------------------------|--|--|---|---|--|-------------------|
| | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | | _ | s of limited liability Y BE POST OFFICE | |
| | 5661 E Highway 98 | _ | 5661 E Hi | ghway 98 | | |
| | Panama City, FL 32404 | | Panama Ci | ty, FL 32404 | <u> </u> | |
| | 04/16/2024 | <u>i</u> | L240001730 | 083 | | |
| | Date of filing/registration in Florida | 4. | | Document i | number | |
| (a) | BURKE BLUE | | | | " ~ > | |
| v. (u) | Registered Agent and Registered Office shown on the records of the | Florida | Dept. of State | - e: | 2074 AUG SECRET: | |
| | JOY MARLER MASTERS, ESQ. | | | | | • |
| | Registered Office Address (MUST BE FLORIDA STREET AD | DRESS) | | - | -::: - ω | • |
| | 221 MCKENZIE AVENUE | | | | WANG 13 PH 1 | ٠. |
| | PANAMA CITY | 2401 | | - | - 5 | £1 |
| | | | | | -,')- | |
| (5) | James W. Feltman | | | - | | |
| | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Or</u> | ifice add | iress: | | | |
| | James W. Feltman | | | | | |
| | NEW Registered Office Address: | | - | | | |
| | 5661 E Highway 98 | | | _ | | |
| | | | | | | |
| | Panama City FL 33 | 2404 | | _ | | |
| nange gent w as/we e artic | | of the Segistered ility corthe limi nited li | d office and npany, it is ted liability ability con | d the busine is hereby con y company of the pany. | ss office of the firmed that the | reg cha pro |