

L99000 001 555

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

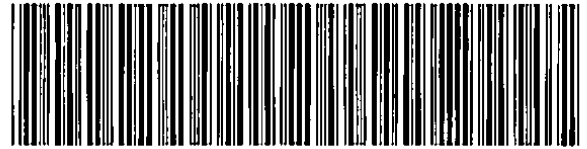
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Affiliated Car Rental, L.C.

\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Vincent Stazzone

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

6549 N Wickham Rd, Unit 101

\_\_\_\_\_  
Address

Melbourne, FL 32940

\_\_\_\_\_  
City/State and Zip Code

LMATERA @ AFFILIATED CAR RENTAL . NET

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cyndi Romack

at ( 321 )

868-2003

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following 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. Name of the limited liability company: Affiliated Car Rental, L.C.

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

3522 US 9 Suite 302

Howell, NJ 07731

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

6549 N Wickham Rd, Unit 101

Melbourne, FL 32940

3/15/1999

L99000001555

3. Date of filing/registration in Florida 4. Document number

5. (a) Vincent Stazzone

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Joseph Stazzone

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

99 N. Atlantic Ave

Cocoa Beach, FL 32931

(b) Vincent Stazzone

Enter name of NEW Registered Agent and/or NEW Registered Office address:

Joseph Stazzone

NEW Registered Office Address:

6549 N Wickham Rd, Unit 101

Melbourne, FL 32940

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.

Signature of a member or authorized representative of a member

Vincent Stazzone

Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Signature of Registered Agent