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M. MILLIGAN EXAMINER

SEP -7 ---

COVER LETTER

Division of Corporations			
SUBJECT: Oneir Sales and Rentals LLC			
	Limited Liab	oility Company	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office O	Change and fe	e(s) are submitted for filing.	
Please return all correspondence concerning this m	atter to the fo	llowing:	
James Karl			
Name of Person		-	
James Karl and Associates, P.A.			
Firm/Company		-	
870 Bald Eagle Dr., #1B			
Address		-	
Marco Island, FL 34145			
City/State and Zip Code		-	
joe@charde.com		- .	
E-mail address: (to be used for future annual		ation)	
For further information concerning this matter, ple	ase call:		
Joe Charde	239	642-3000	
Name of Person		Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:		LING ADDRESS:	
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314		
Tallahassee, Florida 32301	rana	massee, Florida 32314	
	ount.		
Enclosed is a check for the following am		٤, ,	
■ \$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.

name of the limited hability company:	and Rentals LLC		
(a) 870 Bald Eagle Dr., #1B, Marco Island, FI 3 Principal office address of limited liability company:	(b) 870 Bald Eagle Dr., #1B, Marco Island, Fl		
(Note: MUST BE STREET ADDRESS)	(Note: MAY BE POST OFFICE BOX)		
870 Bald Eagle Dr., #1B	870 Bald Eagle Dr., #1B		
Marco Island, FL 34145	Marco Island, FL 34145		
03/07/2011	M11000001230		
Date of filing/registration in Florida	4. Document number		
(a) Oneir Sales and Rentals LLC			
Registered Agent and Registered Office shown on the records o	f the Florida Dept. of State:		
Allen DuQuet			
Registered Office Address (MUST BE FLORIDA STREET	<u>ADDRESS)</u>		
870 Bald Eagle Dr., #1B			
Marco Island	L 34145		
(b) James Karl and Associates, P.A.	d Office address:		
Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> James Karl and Associates, P.A.	d Office address:		
NEW Registered Office Address:	Fr. V		
870 Bald Eagle Dr., #1B	<u></u> .		
Marco Island	_L 34145		
change or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited Is/were authorized by an affirmative vote of the members articles of organization or the operating agreement of the ignature of a member or authorized representative of a member	aws of the State of Florida, it is hereby confirmed that after of the registered office and the business office of the registered liability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in e limited liability company. Joe Charde Printed or typed name of signee Printed or typed name of signee gree to act in this capacity. I further agree to comply with the gree performance of my duties, and I am familiar with and accepted for in Chapter 605, F.S. Or, if this document is being filed thereby confirm that the limited liability company has been		