## M15000003233

(Requestor's Name)
(Address)
(Madress)
(Address)
(City/State/Zip/Phone #)
<u>_</u>
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
<b>.</b>
ertified Copies Certificates of Status
Special Instructions to Filing Officer
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Office Use Only



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A. BUTLER NOV 2 4 2022 CORPORATION SERVICE COMPANY 1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

EXAMINER'S INITIALS:

## COVER LETTER

TO: Registration Section Division of Corporations		
RiverBend Rentals, LLC SUBJECT:		
	e of Limited	Liability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	ce Change an	nd fee(s) are submitted for filing.
Please return all correspondence concerning this	s matter to the	e following:
Jessica Moyers		
Name of Person		
RiverBend Rentals, LLC		
Firm/Company		<del></del> .
PO Box 5117		
Address		
South Fulton, TN 38257		
City/State and Zip Code		
jmoyers@premierbuildings.us		
E-mail address: (to be used for future annu	al report noti	itication)
For further information concerning this matter, p	dease call:	
Jessica Moyers	844 at (	879-1468 Ext 1110
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 following a	mount:	
☐ \$25 Filing Fee		555 Filing Fee & Certified Copy
NHS18 (2/14)		* 17

## 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	me of the limited liability company:	tals, LLC					
2. (a)		4 1-					
(2)	Principal office address of limited liability company.  (Note: MUST BE STREET ADDRESS)	(1	"	Mailing address of lime (Note: MAY BE PC	ited hability	сопрану	:
	317 East StateLine	PO Box 5117					
	South Fulton, TN 38257		South Fu	lton, TN 38257			
3.	Date of filing/registration in Florida	 4.		Document number	<del></del>	<del></del>	
5 4n\	Registered Agents Inc						
5. (a)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of Stat	<del>_</del> te.			
				_	;	20	
	Registered Office Address (MUST BE FLORIDA STREET 7901 4th St N	<u>ADDRESS</u>	2			.022 NOV 2	· ¥
	St Petersburg, FI	33702		-	>= ===================================	7	مواهد. مواهد
				-			i i
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office add	fress:	_	OF S	AH 8:	C
	Corporation Service Company				TATE	2. 2.	
	NEW Registered Office Address:			_			
	1201 Hays Street			-			
	Tallahassee , FI.	32301					
change agent w was/we the artic	mited liability company is not organized under the lay or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited hare authorized by an affirmative vote of the members of cles of organization or the operating agreement of the work of a member or authorized representative of a member.	vs of the tregistered bility con the limited l	d office and upany, it is ted liability	d the business offices shereby confirmed y company or as oth apany.	e of the re that the cl	gistered	
$\sim$		<u></u>	<del></del>	Printed or typed name			
l hereb provisió he oblig o merci potified	y accept the appointment as registered agent and agre ms of all statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a change in the registered office address, I h in writing of this change.	ce to act i performa I for in C) erchy cu	in this capa nce of my a hapter 605 nfirm that i	icity. I further agre htties, and I am fan F.S. Or, if this do he limited liability	e to comp illiar with cument is company	ily with t and acc being fi has beer	the rept led t
Signature	Lizzis Willand assistant va (wiselin)						