M16000009829

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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2022 SEP 20 AH II: 17

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A. BUTLER SEP 2 1 2022 CORPORATION SERVICE COMPANY

1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I2000000195
REFERENCE : 961828 8121751
AUTHORIZATION Spelle mon
COST LIMIT : \$ 25.00
ORDER DATE : September 19, 2022
ORDER TIME : 9:01 AM
ORDER NO. : 961828-009
CUSTOMER NO: 8121751
CHANGE OF AGENT
NAME: RAC KING, LLC
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY
XX PLAIN STAMPED COPY
CONTACT PERSON: Alexxis Weiland
EXAMINER'S INITIALS:

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.

. Na	ame of the limited liability company: RAC KING, LLC	;					
. (a)	6400 WINCHESTER RD	(b) 6400 WINCHESTER RD Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)					
(11)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)						
	MEMPHIS, TN 38115		MEMPHIS, TN 38115				
	12/07/2016		M160000				
•	Date of filing/registration in Florida	4.		Document numb	er		
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State PTASZEK, JANET Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 8350 PARK BLVD						
	SEMINOLE . FL	33777		_			
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address Corporation Service Company			SEP 2			
	NEW Registered Office Address: 1201 Hays Street			<u> </u>	ED M 8:	[" <u>"</u>	
				<u> </u>			
	Tallahassee FL	32301		_	1:57		
hange gent w vas/we	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia- are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	register ibility co of the lin	ed office ar ompany, it rited liabili	nd the business off is hereby confirme ity company or as o	ice of the reed that the c	egistered hange(s)	
S/ No	ah Hogan	No	ah Hogan, .	Authorized Person) 		
Signat	ure of a member or authorized representative of a member			Printed or typed nar	me of signee		
rovisio he obli mere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address. I have the writing of this change.	verform	ance of my	' duties, and I am fe	amiliar witi	i and accept	
$\chi \gamma^{\kappa}$	real-Kuble						
signatui	re of Registered Agent						

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

INHS18 (2/14)

Grace E. Kirby, Asst. Vice President