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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC REGISTERED AGENT CHANGE MCI RENTALS, LLC

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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 hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

L N	ame of the limited liability company: MCI Rentals, LLC					
2. (a)		(h)				
2. (a)	Principal office address of limited hability company: (Note: MUST BE STREET ADDRESS)	(0)		Mailing address of limited h (Note: MAY BE POST 6	ability comp.	iny:
	11/24/2021	. N	1210000158	374		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	PARACORP INCORPORATED					
	Registered Agent and Registered Office shown on the records of t	the Florida I)ept. of State	- !		
			<u>.</u> .			
	Registered Office Address (MUST BE FLORIDA STREET)	(DDRESS)			20	
	155 OFFICE PLAZA DRIVE 1ST FL			1 LL	~ ~~ ~~	77
	TALLAHASSEE FL	32301		LLAWASSEE TLUM	2024 HAR -	
(h)	Registered Agents Inc Enter name of NEW Registered Agent and/or NEW Registered	are da		·	PH 4: 00	
	Enter name of NEW Registered Agent and/or NEW Registered	Onnee aggr	<u>'055</u> ':			•
	7901 4th St N			1	95 S	
	NEW Registered Office Address:	- 		•		
	STE 300					
	St. Petersburg, F1.	33702				
the charagent was/w the art Signa	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the ture of a member or authorized representance of a member by accept the appointment as registered agent and agr	the registability confirmed limited lia Robin	ered office npany, it is ted liability ability com Jones	e and the business offices hereby confirmed that y company or as otherwipany. Printed or typed name of society. I further agree to	te of the re t the chang vise provid	gistered ge(s) led in
provis the ob- to mer	ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I I d in writing of this change.	performai 1 för in Cl 1ereby cor	nce of my d hapter 605 aftern that t	duties, and Lam Jamilie , F.S. Or, if this docum the limited liability con	ir with and ment is bein mpany has	l accept ng filed been

Signature of Registered Agent