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COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Semo Rentals LLC Nam	e 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 thi	s matter to the following:				
SEMO hentals Name of Person					
Maine of Person;					
Firm/Company					
907 8 Hickory 8t					
Address					
City/State and Zip Code	841				
E-mail address: (to be used for future annu	Unetrailer, Com ual report notification)				
For further information concerning this matter, please call:					
Amy Wilmath Name of Person	_at (573) U24-3203 X1022 Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS: Registration Section i 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				
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.

1. N	ame of the limited liability company:	<u> </u>		
2. (a)	907 S Hickory St	0	907 S Hic	kory St
(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Dexter, MO		Dexter, M	0
	63841		63841	
	08/09/2023		M23000010	0367
3.	Date of filing/registration in Florida	4.		Document number
5. (a	Registered Agents Inc			
J. (a	Registered Agent and Registered Office shown on the records of	the Florid	a Dept. of Stat	te:
	7901 4th St. N, STE 300		_	_
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRES.	<u>s)</u>	2021 SEE SEE
				Z024 SEP
	St. Petersburg FI	33702		<u> </u>
(b)				
	Enter name of NEW Registered Agent and/or NEW Registered	Office at	<u>idress</u> :	温室
				m C
	NEW Registered Office Address:	_		_
	1200 South Pine Island Road			
				_
	Plantation , FL	33324		_
the chagent was/w the ar	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the attract of a member or authorized representative of a member seby accept the appointment as registered agent and agriculture of a dilutative relative to the proper and complete oligations of my position as registered agent as provide rely reflect a change in the registered office address, I	f the reg lability c of the lir limited	istered office ompany, it nited liabili liability con	the and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany. Printed or typed name of signee
to me. notific Bv:	ea in writing of this change.		c <i>onfirm that</i> c, Assistant	

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

Signature of Registered Agent