

P070000019714

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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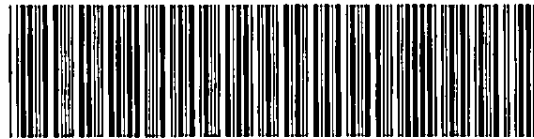
(Business Entity Name)

(Document Number)

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2019 MAY 13 P 12:02  
TALLAHASSEE, FLORIDA  
T. LEMCOX  
MAY 20 2019

**COVER LETTER**

**TO:** Amendment\*Section  
Division of Corporations

**SUBJECT:** FLORIDA VAN RENTALS INC.

Name of Corporation

**DOCUMENT NUMBER:** P07000019714

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MICHAEL S GOLDBERG

Name of Contact Person

FLORIDA VAN RENTALS INC.

Firm/Company

6307 HANSEL AVE

Address

ORLANDO FL 32809

City/State and Zip Code

THEOFLVANRENTALS@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL S GOLDBERG

Name of Contact Person

at ( 407 ) 925-4338

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
266i Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR  
BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Florida Van Rentals Inc.
2. The principal office address: 6307 Hansel Ave  
Orlando FL 32809
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 02/13/2007 Document number: P07000019714

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

RENEE M GOLDBERG  
16555 WHITE ORCHID LANE  
DELRAY BEACH, FL 33446

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

MICHAEL S GOLDBERG  
9973 SWEETLEAF STREET  
P.O. Box NOT acceptable  
ORLANDO FL 32827

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Michael Goldberg  
Signature of an officer or director

Michael Goldberg  
Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

Michael Goldberg  
Signature of Registered Agent

5/9/19  
Date

If signing on behalf of an entity:

Michael Goldberg  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*