Po (CCCO 60740

(Requestor's Name)				
(Address)	600208688856			
(City/State/Zip/Phone #)	96/15/1101008017 ** 35.00			
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	2811 JUN 15 AM 9: 27 L			

Office Use Only

The state of the s

		COVER LETTER ∩e ~	Principle	office address
TO:	Amendment Section Division of Corporations	' '1 1		
	Division of Corporations	new o	egistered	agent
SUBJ	ECT:	dave roberts rentals inc. Name of Corporation	<u>·</u>	Mailing added Stays the Ser as before
DOCU	JMENT NUMBER:	P08000060740		as before
The en	closed Statement of Change	of Registered Office/Agent and fee a	re submitted for fi	ling.
Please	return all correspondence co	ncerning this matter to the following	:	
	D	oberts	ı	
		Name of Contact Person		
	Dase	2 Roberts Pentals =	Inc.	
	6900°	2 Robests Pentals - Firm/Company Daniels Pas Kwang t	SA SUIT	29 PMB333
		Address		
	for	+ Mges FC =	33912	
	+1	dark @ad, con		
		s: (to be used for future annual rep	ort notification)	
For fur	ther information concerning	this matter, please call:	39823	600
Linds	Name of Contact Pe	at Area Code	& Daytime Telepl	none Number
	rame of Comact 1 c	ison Alea Couc	& Daytime Telepi	none rumber
Enclos	ed is a \$35.00 check made pa	ayable 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 2661 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: dave roberts rentals inc.	
2. The principal office address: 6900 daniels parkway, suite 29, pmb 333, Fort Myers, FL 33912 l	JS
* new Principal office. 2623 Choctaw Trail Ste A, Marianna, FL 3	32
3. The mailing address (if different):	<u> </u>
4. Date of incorporation/qualification: 06/23/2008 Document number: P08000060740	
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)	
ROBERTS, DAWN M	
6900 Daniels Parkway	
Fort Myers, FL 33907	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	# 4 · · ·
InCorp Services, Inc.	akoza L
17888 67th Court North	•••
P.O. Box NOT acceptable	
Loxahatchee, FL 33470	
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 loard, or the corporation has been notified in writing of the change.	
Problem Dawn Roberts, President	
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.	
. May 27, 2011	
Signature of Registered Agent Date	
If signing on behalf of an entity: Cua or behalf of Incorp Services, Inc. Typed or Printed Name	
* * * FILING FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314