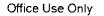
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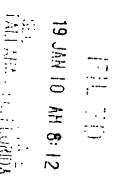
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## COVER LETTER

TO: Amendment Section **Division of Corporations** 

SUBJECT: Miller Rental Management, Inc.

P10000103767

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:

## Elizabeth Miller

Name of Contact Person

Miller Rental Management, Inc. d/b/a Miller Realty & Management

Firm/Company

467 31st Ave N

Address

St. Petersburg, FL 33704

City/State and Zip Code

elizmiller1@aol.com

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

For further information concerning this matter, please call:

Elizabeth Miller

Name of Contact Person

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 2661 Executive Center Circle

Tallahassee, FL 32301

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

statement of cha	ange is submitted for a corporation orga	02, 607.1508, or 617.1508, Florida Statutes, this nized under the laws of the State of Florida tered agent, or both, in the State of Florida.	
L. The name of t	the corporation: Miller Rental Mana	gement, Inc. d/b/a Miller Realty & Management	
	l office address: rellas Bayway, S Suite 110 Tie	erra Verde, FL 33715	
<del>-</del>	address (if different): st Ave N St. Petersburg, FL 3	33704	
4. Date of incorp	poration/qualification: 01/01/2011	Document number: P10000103767	
	d street address of the current registered artment of State: (If resigned, enter resign	agent and registered office on file with the ed)	
	Elizabeth Miller		
	1110 Pinellas Bayway, S Suite 110		
	Tierra Verde, FL 33715	ite 110	
6. The name and (if changed):	d street address of the new registered age	· ,	
	Elizabeth Miller		
	467 31st Ave N		
	St. Petersburg, FL 33704	l'acceptable	
Such change wa	ress of its registered office and the street l be identical.	address of the business office of its registered agent,  d by its board of directors or by an officer so	
Ehal	beth Miller	Elizabeth Miller, President	
Signatu	ure of an officer or director	Printed or typed name and title	
l further agrée ( performance of	t my dulies, and Lam tamiliar with and a	nd agree to act in this capacity. tutes relative to the proper and complete accept the obligation of my position as registered lect a change in the registered office address, I in writing of this change.	
Elyak	2eth Miller	January 7, 2019	
() Sign	gnature of Registered Agent	Date	
If signing on be	ehalf of an entity:		
Ту	Typed or Printed Name		

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

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