

P96 000016431

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☒ MAIL

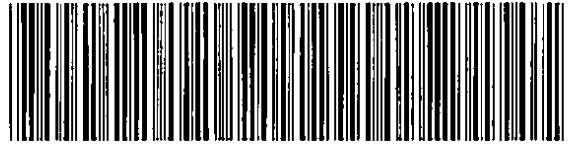
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200393724852

TALLAHASSEE, FL

2022 SEP - 1 PM 2:20

FILED

2022 SEP - 1 PM 2:20

TALLAHASSEE, FL

2022 SEP - 1 PM 3:54

FILED

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LPS Rentals, Inc.

\_\_\_\_\_  
Name 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 this matter to the following:

Lane P. Smith

\_\_\_\_\_  
Name of Person

LPS Rentals, Inc.

\_\_\_\_\_  
Firm/Company

241 John Knox Road, Suite 200

\_\_\_\_\_  
Address

Tallahassee Florida 32303-6677

\_\_\_\_\_  
City/State and Zip Code

lane@lpscommercial.com

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

For further information concerning this matter, please call:

Lane P. Smith

850 509-8988  
at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL

2022 SEP - 1 PM 2:20

FILED

**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. Name of the limited liability company: LPS Rentals, Inc.

2. (a) 241 John Knox Road, Suite 200, Tall., FL. 32303-6677 (b) 241 John Knox Road, Suite 200, Tall., FL. 32303-6677

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

(Note: **MAY BE POST OFFICE BOX**)

241 John Knox Rd Suite 200 Tallahassee, FL 320303-6677

241 John Knox Road, Suite 200, Tall., FL 32303-6677

02-22-1996

P96000016431

3. Date of filing/registration in Florida

4. Document number

5. (a) Robert A. Pierce

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

123 South Calhoun St., Tall., FL 32301-1517

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

123 South Calhoun Street

Tallahassee

FL 32301

(b) Lane P. Smith

Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

241 John Knox Road Suite 200

Tallahassee

FL 32303-6677

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Lane P. Smith

Signature of a member or authorized representative of a member

Printed or typed name of signer

*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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Signature of Registered Agent

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