## P960000 30028

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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: CASA BLANCA RENTAL SERVICES, INC.
2. The principal office address: 6345. COLLINS AVE, EXECUTIVE OFFICE
MIAMI, FL 33141
3. The mailing address (if different): PO BOY 415730, HIAMI BEACH, FL 33141
4. Date of incorporation/qualification: 04/05/1996 Document number: P96 0000 3 0028
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)
ELDER, GREGORY
201 NORTH DUEAN DRIVE FIRST FLOOR
HOLLIWOOD, FL 33019
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
ELDER, GREGORY R.
POVA PATON FL. 33431
BOCA RATON FL 33431
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.
Signature of arrollicer or director  Signature of arrollicer or director  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.
Signature of Registered Agent Date 20
f signing on behalf of an entity:  ON MAN A STATE OF Printed Name

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