114000000531

-	(Requestor's Name)						
(Address)							
(Address)							
	(City/State/Zip/Phone #)						
PICK-UF	WAIT	MAIL					
	(Business Entity Name)						
(Document Number)							
Certified Copies	Certificates of \$	Status					
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 **866.625.0838** COGENCYGLOBAL.COM

Account#: 120000000088

Date: November 1	14, 2018	
Name: KEN HO	WELL	
Reference #:	1008703	
Entity Name: ORLAND	O CONSOLIDATED CON	TRACTORS LLC
Articles of Incorpora	ation/Authorization to Tr	ransact Business
Amendment		
✓ Change of Agent		ISSUES? CALL
Reinstatement		KEN:
Conversion		518-213-0738
Merger		
Dissolution/Withdra	awal	
☐ Fictitious Name		
Other		
Authorized Amount:	\$25.00	70
Signature:	my ft	

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.

Name of the limited liability company:		me of the limited liability company: OR	ORLANDO CONSOLIDATED CONTRACTORS LLC				
2. ((a)			(b)	C/O WE	STPORT CA	PITAL PARTNERS, LLC
2. ((-,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		. (9)		Mailing address o	f limited liability company: E POST OFFICE BOX
		40 DANBURY ROAD				40 DANB	URY ROAD
		WILTON, CT 06897				WILTON	, CT 06897
		01/28/2014		_		M1400	0000531
3.		Date of filing/registration in Florida		4.		Document nu	mber
5.	(a)	CORPORATION SERVICE CO	OMPA	ANY		_	
	` '	Registered Agent and Registered Office shown on the record	ds of the	Florida I	Sept. of Stat	te:	
		1201 HAYS STREET	•				
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				-	.
							8
		TALLAHASSEE	, FL_	32301	-2525	- -	FILED 18 NOV 14 AM 2: 25
(b	(b)	COGENCY GLOBAL INC.				_	至二
• •		Enter name of NEW Registered Agent and/or NEW Registered Office address:		<u>'ess</u> :		23	
		115 North Calhoun Street, Suite 4					
		NEW Registered Office Address:	uite 4			_	ア
						-	
		Tallahassee	, FL_	32:	301	_	
the age was	cha nt w /we	mited liability company is not organized under the nge or changes are made, the Florida street addres will be identical. Or, in the case of a Florida limite authorized by an affirmative vote of the member of organization or the operating agreement of	ss of the d liab ers of	te registe ility con the limit	ered offic ipany, it i ed liabilit	e and the busing is hereby confin ty company or a	ness office of the registered rmed that the change(s)
	/S/ Marc Porosoff		_	Marc Porosoff			
	_	ure of a member or authorized representative of a member				Printed or typed	•
pro the to n	visio obli i <u>e</u> re	by accept the appointment as registered agent and ons of all statutes relative to the proper and comp igations of my position as registered agent as proving ily reflect a change in the registered office addres. I in writing of this change.	l agree lete pe vided j s. I he	e to act i erforman for in Ch reby cor	n this cap nce of my napter 602 nfirm that	pacity. I furthen duties, and I a 5, F.S. Or, if the the limited liad	r agree to comply with the m familiar with and accept his document is being filed bility company has been
<u> </u>		/S/ Tim Mayville					
Sign	natur	e of Registered Agent Tim Mayville, Assistant S	Secre	tary			