## L0400000806

(Address)	500112568365		
(City/State/Zip/Phone #)	12/03/0701007016 **55.00		
(Business Entity Name)  (Document Number)			
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John Ja

## . COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Orlando Products, LLC (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	g this matter to the following:
Steve Massey (Name of Person)	
Orlando Products, LLC (Firm/Company)	<u> </u>
675 Oneida Lane	
Winter Springs, Florida 32708 (City/State and Zip Code)	· <del> </del>
For further information concerning this mat	ter, please call:
Steve Massey	at (407) 359-0169
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the followi	ng amount:
\$25 Filing Fee	<b>✓</b> \$55 Filing Fee & Certified Copy

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 600 liability company submits the following stagent, or both, in the State of Florida.	8.416 or 608.508, Florida Statutes, the unde stement in order to change its registered offic	rsigned li ce or regi.	imited stered
1. The name of the limited liability compar	ıy is: Orlando Products, LLC	<del></del>	•
2. The mailing address of the limited liabili	ity company is : 675 Oneida Lane		•
Winter Springs, Florida 32708			
01/29/2004	L0400008066		
3. Date of filing/registration in Florida	4. Document number		•
5. The name of the registered agent and the Florida Department of State:	registered office address as shown on the reco	ords of the	
Thomas Jenk	ins		
<del> </del>	Name		
2313 Ascot Av			
<b>.</b>	Address	0	
Orlando, Florid	la 32833 City, State and Zip	<b>7</b> D	SEC
6. The name and address of the new register	¥ / 1	DEC -3	
<b>2 1</b>	•		TV p
Steve Massey	· · · · · · · · · · · · · · · · · · ·	PH	• •
675 Oneida La	Name ne	ယ္	
	Idress (P.O. Box NOT acceptable)	22	£
Winter Springs	, <sub>FL</sub> 32708		
C	ity, State and Zip		
confirmed that after the change or changes and the business office of the registered age liability company, it is hereby confirmed the	ized under the laws of the State of Florida, it is are made, the Florida street address of the region will be identical. Or, in the case of a Floridat the change(s) was/were authorized by an affipany or as otherwise provided in the articles of ability company.	stered offi la limited firmative v	vote
(Signature of a member or authorized representative of a	member)		
Steve Massey (Printed or typed name of signee)	<del></del>		
, , , , , , , , , , , , , , , , , , ,	red agent and agree to act in this capacity. If lative to the proper and complete performance ations of my position as registered agent as preing filed to merely reflect a change in the regability company has been notified in writing o	urther agg e of my du ovided for istered off f this char	ree to ties, r in fice ige.
Division of Corporation	is, P.O. Box 6327, Tallahassee, FL 32314		

**FILING FEE: \$25.00** 

INHS18 (8/05)