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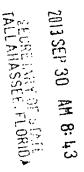
(Re	questor's Name)		
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PICK-UP	WAIT	MAIL	
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(Document Number)			
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B. COSTICK

OCT - 1 2013

EXAMINER

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

* Pursuant to the provisions of sections 608.416 or 608. liability company submits the following statement in ordagent, or both, in the State of Florida.	508, Florida Statutes, the undersigned limited ler to change its registered office or registered		
1. Name of the limited liability company: ORLAN do	PROPERTY MANAGEMENT, LLC		
2. (a) Principal office address of limited liability compar (<i>Note: MUST BE STREET ADDRESS</i>)	DRLANDO, FL 32835		
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	7520 SUMMER LAKES CT ORLANDO, FL 32835		
3. Date of filing/registration in Florida	L 070000 13105		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:			
Registered Agent:	United Builders of ORLANDO, INC		
Registered Office Address:	MNITED BUILDERS OF ORLANDO, INC. 7520 SUMMER LAKES CT. ORLANDO, FL 32835		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u>	The section of the se		
NEW Registered Agent:	DAN CONNOTTY		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	7520 Sammer LAKES CT ORLANDO FL 32835		
If the limited liability company is not organized under the confirmed that after the change or changes are made, the land the business office of the registered agent will be ider liability company, it is hereby confirmed that the change(sthe members of the limited liability company or as otherwise the operating agreement of the limited liability company.	Florida street address of the registered office ntical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote of		
Signature of a member or authorized representative of a member	_		
Printed or typed name of signee			
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p and I am familiar with and accept the obligations of my p Chapter 608, F.S. Or, if this document is being filed to m address, I hereby confirm that the limited liability company	agree to act in this capacity. I further agree to roper and complete performance of my duties, osition as registered agent as provided for in serely reflect a change in the registered office ny has been notified in writing of this change.		
Signature of Registered Agent			
Division of Corporations, P.O. Box 6	327, Tallahassee, FL 32314		

FILING FEE: \$25.00

INHS18 (05/08)