10300003216

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TALLAHASSEE, FLORID

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJE	Haas Orlando Properties, L	LC.		
SCEE		Liability Company		
Dear Si	r or Madam:			
The end	closed Registered Agent/Registered Off	ice Change an	d fee(s) are submitted for filing.	
Please 1	return all correspondence concerning th	is matter to the	e following:	
Jon M	I. Oden, Esq.			
	Name of Person			
Willis	& Oden PL			7 15
	Firm/Company			MAY 10
2121	S. Hiawassee Road, Suite 116			#11 C
	Address			Ţ
Orland	do, FL 32835			
	City/State and Zip Code	<u> </u>		
samui	reye1@gmail.com			
E-	-mail address: (to be used for future ann	ual report not	fication)	
For furt	ther information concerning this matter,	please call:		
Jon M	l. Oden, Esq.	407 at (903-9939	
	Name of Person	at (Area Code & Daytime Telephone Number	
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	R D P.	IAILING ADDRESS: egistration Section ivision of Corporations O. Box 6327 allahassee, Florida 32314	
	Enclosed is a check for the following	amount:		
	☑ \$25 Filing Fee		555 Filing Fee & Certified Copy	

INHS18 (2/14)

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. Na	me of the limited liability company: Haas Orla	ndo Propertie	es, LLC.
2. (a)		(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	415 Briercliff Dr.		
	Orlando, FL 32806		
	1/9/2008	20	800003216
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Oden, Jon M.		
/· ()	Registered Agent and Registered Office shown on the record	s of the Florida De	
	Registered Office Address (MUST BE FLORIDA STRE	ET ADDRESS)	MAY 18
	618 E. South St., Suite 500		and the second s
	Orlando	, FL 32801	AM 3:
(b)	Willis & Oden PL c/o Jon M. Oden, Esq.		29
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ered Office addres	5 :
	2121 S. Hiawassee Road, Suite 116		
	NEW Registered Office Address:		
	Orlando	, FL_32835	
he cha igent v was/we	imited liability company is not organized under the inge or changes are made, the Florida street addres will be identical. Or, in the case of a Florida limite are authorized by an affirmative vote of the membeoles of organization or the operating agreement of	s of the registered liability compers of the limited	ed office and the business office of the registered any, it is hereby confirmed that the change(s) liability company or as otherwise provided in
(X &	Jon M	. Oden, Esq.
Signat	ture of a member or authorized representative of a member		Printed or typed name of signee
I herel provisi he obl o mere	by accept the appointment as registered agent and ons of all statutes relative to the proper and compligations of my position as registered agent as provely reflect a change in the registered office address to prove the change of this change.	agree to act in the left performance in Chapter for in Chapter, I hereby confident	this capacity. I further agree to comply with the e of my duties, and I am familiar with and accep oter 605, F.S. Or, if this document is being filed rm that the limited liability company has been

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

Signalure of Registered Agent