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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : KIM MARKS CPA  
Account Number : I20120000072  
Phone : (305)895-5815  
Fax Number : (305)895-6273

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: gelfandjanet@yahoo.ca

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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LLC REGISTERED AGENT CHANGE  
ORANGE 18TOC, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ORANGE 18TOC 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 this matter to the following.

JANNA GELFAND

Name of Person

ORANGE 18TOC LLC

Firm/Company

2136 NE 123RD ST

Address

NORTH MIAMI FL 3311

City/State and Zip Code

GELFANDJANET@YAHOO.CA

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KIM MARKS

305-595-5815

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 following amount:**

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

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# 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. Name of the limited liability company: ORANGE 18TOC LLC

2. (a) <u>Principal office address of limited liability company:</u> <i>(Note: MUST BE STREET ADDRESS)</i>	(b) <u>Mailing address of limited liability company:</u> <i>(Note: MAY BE POST OFFICE BOX)</i>
<u>2136 NE 123RD ST</u>	<u>2136 NE 123RD ST</u>
<u>NORTH MIAMI FL 33181</u>	<u>NORTH MIAMI FL 33180</u>
<u>JAN 08, 2008</u>	<u>L08000003253</u>

3. Date of filing/registration in Florida 4. Document number

5. (a) MARCUS, ALAN J.  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*  
20803 BISCAYNE BLVD  
AVENTURA, FL 33180

(b) GELFAND, JANNA  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:  
2136 NE 123RD ST

NORTH MIAMI, FL 33181

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

JANNA GELFAND

Printed or typed name of signer

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

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

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