200050433

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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A. LUNT		
DEC - 9 2008		
EXAMINER		

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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: ORLANDO PLAZA PROPER		3
(Name of Lin	mited 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 n	matter to the following:	
	28 TA	
	SECRET TALLAH	-7
DONALD J. MASTEN		45 (F)
(Name of Person)	ASSE ASSE	T
	TOP THE	i
ORLANDO PLAZA PROPERTIES, LLC		۲,
(Firm/Company)	PM 2: 06 OF STATE EE, FLORID	
	Ţ	
189 SOUTH ORANGE AVENUE, SUITE 1450		
(Address)		
ORLANDO, FL 32801 (City/State and Zip Code)		
(City/State and Zip Code)		
For further information concerning this matter, ple	ease caii:	
DONALD I MACTEN	. AO7 AEE E12E	
DONALD J. MASTEN at ((Area Code & Daytime Telephone Number)	
(Name of Person)	(Area Code & Daytine Telephone Number)	
OTENDER/COVERED A DEDUC	MALLINGARDESC	
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	
Tallahassee, Florida 32301		
Enclosed is a check for the following am	aount:	
☑ \$25 Filing Fee	☐ \$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 608.416 or 608.508, 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: ORLANDO PLAZA PROPERTIES, LLC			
2. (a) Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>)	y: 189 SOUTH ORANGE AVENUE, SUITE 1450 ORLANDO, FL 32801	. 0	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	189 SOUTH ORANGE AVENUE, SUITE 1450 ORLANDO, FL 32801	1	
MAY 20, 2008 3. Date of filing/registration in Florida 5. (a) Registered Agent and Registered Office shown on	L08000050433 4. Document number the records of the Florida Dept. of State:		
Registered Agent:	DONALD J. MASTEN		
Registered Office Address:	TEL 379	 	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:		
NEW Registered Agent:	DONALD J. MASTEN		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	189 SOUTH ORANGE AVENUE, SUITE 1450		
If the limited liability company is not organized under the that after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the chareby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles of limited liability company. (Signature of a number of authorized representative of a member)	et address of the registered office and the busin case of a Florida limited liability company, it is	ess	
(Printed of typed fame of signee) I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prain familiar with and accept the obligations of my position F.S. Or, lif this document is being filed to merely reflect a confirm that the fimited liability company has been notified (Signature of Registered Agent) Division of Corporations, P.O. Box FILING FEE	x 6327, Tallahassee, FL 32314	and I r 608, by	