## 

(Requestor's Name)				
(Ad	dress)			
(Ad	dress)			
(Cit	ry/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
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SEP - 4 2013

T. HASEPTEN

## COVER LETTER

_	ration Section on of Corporations		
SUBJECT: _	nternational General Mana	gement c	of Orlando LLC
	Name of Limi	ted Liability	Company
Dear Sir or Ma	adam:		
The enclosed I	Registered Agent/Registered Offic	e Change an	d fee(s) are submitted for filing.
Please return a	all correspondence concerning this	matter to th	e following:
Dotor C	oldmann		
Peter G	oldmann  Name of Person		
	Name of reison		
	Firm/Company		
1175 A	cademy Dr.		
	Address		
Altamor	nte Springs, Fl. 327	<sup>7</sup> 14	
	City/State and Zip Code		
info@a	atorblinds.com		
	ess: (to be used for future annual report notific	cation)	
For further inf	ormation concerning this matter, p	lease call:	
Peter G	oldmann at	407	462 7750
	Name of Person	\ <del></del>	ea Code & Daytime Telephone Number
	COURIER ADDRESS: MAILING ADDRESS:		
_	ration Section on of Corporations	Registration Section Division of Corporations	
	Building	P.O. Box 6327	
2661 E	xecutive Center Circle assee, Florida 32301	Tallal	nassee, Florida 32314
Enclos	sed is a check for the following a	mount:	
<b>\$</b> 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 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.

eral Management of Orlando LLC	
Altamonte Springs, Fl. 32714  dto.	
4. Document number	<del></del>
Law offices of Nick Spradlin, F  12000 North Dale Mabry Hwy Tampa, Fl. 33618	PLLC
Peter Goldmann  1175 Academy Dr.	ddress:
Altamonte Springs	,FL 32714
de laws of the State of Flore Florida street address of the Florida street address of the entire of	ida, it is hereby the registered office a Florida limited y an affirmative vote of es of organization or
	Altamonte Springs, Fl. 32714  dto.  L090000000007  4. Document number  on the records of the Floric  Law offices of Nick Spradlin, Fl.  12000 North Dale Mabry Hwy  Tampa, Fl. 33618  FEW Registered Office act  Peter Goldmann  1175 Academy Dr.  Altamonte Springs  act laws of the State of Floric Florida street address of tentical. Or, in the case of sentical. Or, in the case of sentical. Or, in the article.

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