## L09000004895

(Re	equestor's Name)				
(Address)					
(Address)					
(Cit	ty/State/Zip/Phone	= #)			
☐ ЫCK-NЬ	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates	of Status			
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TALLAHASSEE, FI

(P)

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

Putsuant 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.

۱.	Na	me of the limited liability company: THE ORNAME	NT GIRL	L, L	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)
		33537 E LAKE JOANNA DR			P.O. BOX 929
		EUSTIS, FL 32736			EUSTIS, FL 32727
		01/22/2009		١	L09000006895
3.		Date of filing/registration in Florida	4.		Document number
5.	(a)				
		Registered Agent and Registered Office shown on the records of ASSURED COMPLIANCE SERVICES, LLC	the Florid	da I	Dept. of State:
		Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u>SS)</u>	2
		1615 WOODWARD ST			
		ORLANDO	32803		
			<u> </u>		
	(b)				
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office a	<u>ıddı</u>	dress:
		Corporation Service Company			
		NEW Registered Office Address:			
		1201 Hays Street			AD.
			•		
		Tallahassee, FI	32301		SEALL!
ch ag wa	ange ent v is/we	imited liability company is not organized under the later or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liter authorized by an affirmative vote of the members cles of organization or the operating agreement of the	register ability c of the lir	red on mit	State of Florida, it is hereby confirmed after the doffice and the business office of the registered mpany, it is hereby confirmed that the change(s)!
		hilip K. Calandrino	Ph —	ilip	p K. Calandrino, Authorized Person
	_	ure of a member or authorized representative of a member			Printed or typed name of signee
pre the to	ovisi e obl. merc	by accept the appointment as registered agent and age ons of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address. I I'in writing of this change.	ree to ac perforn d for in hereby c	et ii nar Ch con	in this capacity. I further agree to comply with the ince of my duties, and I am familiar with and accept hapter 605, F.S. Or, if this document is being filed infirm that the limited liability company has been
Si	gnatu	Inace Cotton G	RACE E	E. K	KIRBY, ASST. VICE PRESIDENT