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> K.SALY EXAMINER SEP 11 2012

COVER LETTER

Division of Corporations		
SUBJECT: 14	DORCAS CT LLC Name of Limited Liability Company	
	Name of Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/R	egistered Office Change and fee(s) are submitted for filing.	
Please return all correspondence	concerning this matter to the following:	
POTER DIZU	210	
Name of Perso	nn	
Firm/Compan	y	
1969 S. ALAF	Tays The # 240	
Address	0030000000000000000000000000000000000	
Orlando F	Code Code	
MY Prodity Re	annual report notification)	
For further information concerning	ng this matter, please call:	
Poten Oizurio	at (407) 756-1833	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADD		
Registration Section	Registration Section Division of Corporations	
Division of Corporations Clifton Building	P.O. Box 6327	
2661 Executive Center Circ		
Tallahassee, Florida 32301		
Enclosed is a check for the following amount:		
\$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.

10	000/45 110
1. Name of the limited liability company:	OORLAS CT, LLC
2. (a) Principal office address of limited liability company	1969 S. Alstopa Inl#2
(Note: MUST BE STREET ADDRESS)	orlando Fe 32828
(b) Mailing address of limited liability company:	1969 S. ALAFAYA THE # 2400 unlando pl 32828
(Note: MAY BE POST OFFICE BOX)	onlands ft 32828
01/10/2012	L12000004396
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	Dominick ABitino
Registered Office Address:	1969 S. MAFAYD TM # 240
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u> <u>NEW</u> Registered Agent:	PETER DIZZZIO
NEW Registered Agent: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1969 S- ALAFAYA TM #240
	,FL
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability company	laws of the State of Florida, it is hereby lorida street address of the registered office ical. Or, in the case of a Florida limited) was/were authorized by an affirmative vote wise provided in the articles of organization
	3 5 €
Printed or typed name of signee	
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my por Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability companions of Registered Agent	gree to act in this capacity. Efurther agree to oper and complete performance of my fluties, sition as registered agent as provided for in rely reflect a change in the registered office y has been notified in writing of this change.

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