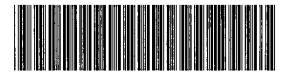
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(Requestor's Name)					
(Address)					
(Address)					
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PICK-UP	☐ WAIT	MAIL			
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COVER LETTER

	Registration Section Division of Corporations					
CIID IEC	STANFORD PROPERTY MA	ANAGEMEN	TLLC			
SUBJEC		Name of Limited Liability Company				
Dear Sir	or Madam:					
The enclo	osed Registered Agent/Registered Offi	ce Change and	fee(s) are submitted for filing.			
Please re	turn all correspondence concerning thi	s matter to the	following:			
WILLIA	M HSU WU					
	Name of Person	····				
STANF	ORD PROPERTY MANAGEME	NT LLC				
	Firm/Company					
9482 N	ADEWOOD CT					
	Address					
ROYAL	PALM BEACH, FL 33411					
	City/State and Zip Code					
wwu04	30@gmail.com					
E-n	nail address: (to be used for future ann	ual report notif	ication)			
For furth	er information concerning this matter,	please call:				
WILLIA	M HSU WU	305	6065855			
	Name of Person		Area Code & Daytime Telephone Number			
] [(2	Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Fallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
ı	Enclosed is a check for the following	amount:				
Ę	2 \$25 Filing Fee	□ \$:	55 Filing Fee & Certified Copy			
INHS18 (2/14)					

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.

Name	of the limited liability company:	ORD PROPI	ERTY MAI	NAGEMENT LLC	
	82 MADEWOOD CT	(9482 M	ADEWOOD CT	
-	Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS) ROYAL PALM BEACH		1	Mailing address of limited li (Note: MAY RE POST G PALM BEACH	
F	L 33411		FL 3341	1	
7/	25/2013		L130001	05071	
	Date of filing/registration in Florida /ILLIAM HSU WU	4.		Document number	······································
Re	gistered Agent and Registered Office shown on the rec 482 MADEWOOD CT	ords of the Floric	a Dept. of Stat	– e:	
Re	egistered Office Address (MUST BE FLORIDA ST	REET ADDRES	S)	_	17 H
R	OYAL PALM BEACH	33411 , FL			MAR 2
RI	EGISTERED AGENTS INC			_	3 5
	iter name of NEW Registered Agent and/or NEW Res		idress:	_	변 36
	EW Registered Office Address:	0A 	· · · · · · · · · · · · · · · · · · ·	_	சு
_ T	TAMPA	33607		_	
_	ited liability company is not organized under	, FL		– lorida, it is hereby conf	irmed that after
change of will were orticle	e or changes are made, the Florida street add be identical. Or, in the case of a Florida lin authorized by an affirmative vote of the mer es of organization or the operating agreement	ress of the reg nited liability on hers of the li of the limited	istered office company, it is mited liability	e and the business office is hereby confirmed that ty company or as other	ce of the registers the change(s) wise provided in
	accept the appointment as registered agent of a sof all statutes relative to the proper and contions of my position as registered agent as preflect a change in the registered office additions of this change.		ct in this cap nance of my Chapter 60 confirm that		-
nature o	of Registered Agent	mere			

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