

LI40000182608

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200279072192

11/16/15--01029--030 \*\*25.00

FILED

2015 NOV 16 P 3:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOV 17 2015  
BRUCE

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LORANTUS, LLC

Name of Limited 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 matter to the following:

Mia A. Thomas,

Name of Person

Mia A. Thomas, CPA, CGMA

Firm/Company

1408 E. Robinson Street

Address

Orlando, FL 32801

City/State and Zip Code

mthomas@miathomascpa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mia A. Thomas

at ( 407 ) 440-2825

Name of Person

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

FILED  
2015 NOV 16 P 3:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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.*

1. Name of the limited liability company: LORANTUS, LLC
2. (a) 1408 E. ROBINSON STREET  
Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)  
ORLANDO, FL 32801
- (b) 1408 E. ROBINSON STREET  
Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)  
ORLANDO, FL 32801
3. 1/31/2014  
Date of filing/registration in Florida
4. L14000018268  
Document number
5. (a) BOYER, FRANCIS M, ESQ  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
9471 BAYMEADOWS ROAD  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
SUITE 404  
JACKSONVILLE, FL 32256
- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  
MIA A. THOMAS  
NEW Registered Office Address:  
1408 E. ROBINSON STREET  
ORLANDO, FL 32801

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]  
Signature of a member or authorized representative of a member

CAUPONT D. PORRIN  
Printed or typed name of signer

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

[Signature]  
Signature of Registered Agent

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

INHS18 (2/14)

Lettre suivie  
Internationale

LB 01 786 326 0 FR

Date: 2015 NOV 16 17 3:05

Adresse: TALLAHASSEE, FLORIDA

P.D. + C.