## L14000084208

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Deises Fabrus)				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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2024 SEP 16 PM 3: 15

## **COVER LETTER**

Division of Corporations			
Orange Blanding, LLC SUBJECT:			
	imited Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Cha	ange and fee(s) are submitted for filing.		
Please return all correspondence concerning this matt	er to the following:		
Monique Gomez			
Name of Person	<del></del>		
Tavaco Properties, LLC			
Firm/Company			
9229 W Sunset Blvd., Suite 311			
Address			
West Hollywood, CA 90069			
City/State and Zip Code			
Monique@tavaco.com			
E-mail address: (to be used for future annual rep	port notification)		
For further information concerning this matter, please	call:		
Monique Gomez at (	310 385-1300 ext. 104		
Name of Person	Area Code & Daytime Telephone Number		
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Enclosed is a check for the following amou	nt:		
■ \$25 Filing Fee	S55 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 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. Na	ame of the limited liability company:  Orange Blanding	, LLC		
2. (a)	c/o Tavaco Properties, LLC	(	b)	o Properties, LLC
2. ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	\		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	9229 W Sunset Blvd., Suite 311		9229 W S	unset Blvd., Suite 311
	West Hollywood, CA 90069	<del></del>	West Holl	ywood, CA 90069
	May 27, 2014		L14000084	1208
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	NRAI Services, Inc.			
J. (a)	Registered Agent and Registered Office shown on the records of	the Florid	la Dept. of Sta	
	NRAI Services, Inc.			224
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			SEP -
(b) <u>.</u>	1200 South Pine Island Road			2024 SEP 16
	Plantation FI	33324 L		EP 16 PM
	GKL Registered Agents, Inc.			FILED  MASSEE FLORID
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office a	ddress:	
	GKL Registered Agents, Inc.			
	NEW Registered Office Address:			-
	28089 Vanderbilt Drive Suite 201			_
	Bonita Springs . FI	34134 L		
change agent was/was/was/was/was/was/was/was/was/was/	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lister authorized by an affirmative vote of the members icles of organization or the operating agreement of the large of a member or authorized representative of a member	e register ability c of the lin limited	ed office an ompany, it i nited liabilit	In the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in inpany.
I here provisi the obi	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	ree to ac perform ed for in hereby c	Lin this cap nance of my Chapter 602 confirm that	acity. I further agree to comply with the
Signatu	re of Registered Agent			