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Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	
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FTL 20 18 DEC -6 PH 2: 19 M.G. M. C. M. C. 10 M.L. M.K. M. LURIDA

K SALV DEC 1 2 2010

## 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.

I. Na	ame of the limited liability company:	ORK Peak Per	formar	ice, LLC				
2. (a)	4090 Hodges Blvd #1606			(b) 4090 Hodges Blvd #1606				
2. (u)	Principal office address of limited liabi ( <u>Note: MUST BE STREET AD</u>		_ (0)		Mailing address of I ( <u>Note: MAY BE</u>	-		
	Jacksonville, FL 32224		-	Jackson	ville, FL 3222	24		
	9-19-2014		- l	_1400014	46985			
3.	Date of filing/registration in h	lorida	4.		Document num	iber		
5. (a)	UNITED STATES CORPORATI	ION AGENTS	, INC.					
5. (u)	Registered Agent and Registered Office shown 13302 WINDING OAK COURT		e Florida	Dept. of State	- e:			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) TAMPA, FL 33612			-		18 DEC		
		FI					5	
(b)	Daniel Kowal				- ,, -	  	PH 2:	
	Enter name of <u>NEW Registered Agent</u> and/or	<u>NEW Registered C</u>	<u>)ffice add</u>	<u>ress</u> :			19	
	NEW Registered Office Address:				-			
	4090 Hodges Blvd #1606				-			
	Jacksonville	FL_3	32224					
the cha agent v was/we	imited liability company is not organize inge or changes are made, the Florida st vill be identical. Or, in the case of a Flo cre authorized by an affirmative vote of icles of organization or the operating ag	reet address of t orida limited liab the members of	he regist bility con the limi imited li	ered office npany, it is ted liability ability con	e and the busines s hereby confirm y company or as apany.	ss office of the	e registered hange(s)	
(		· · · · · · · · · · · · · · · · · · ·	Dan	iel Kowal				
	ture of a member or authorized representative of				Printed or typed n	4		
provisi the obl to mere	by accept the appointment as registered ions of all statutes relative to the proper igations of my position as registered as ely reflect a change in the registered of i in witting of this change.	i agent and agre r and complete p gent as provided lice address, I he	e to act erforma for in C reby co	in this capt nee of my t hapter 605 nfirm that	acity. 1 Jurther a duties, and 1 am , F.S. Or, if this the limited liabi	agree to com jamiliar with s document is lity company	bly with the Fand accept being filed has been	

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

Signature of Registered Agent

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