## L14000171193

(Re	questor's Name)			
(Address)				
(Address)				
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
	_			
	<del></del>	<del></del>		
Special Instructions to	Filing Officer:			

Office Use Only



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## Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 12/12/2024		₩WALK IN
ENTITY NAME Orang	je Grove Rental Pro	operties, LLC
DOCUMENT NUMBER		
	**PLEASE FILE	E THE ATTACHED AND RETURN**
xxxxxxxxx	Plain Copy Certified Copy	
	Certificate of Stat	tas
,	**PLEASE OBTAIN TH	HE FOLLOWING FOR THE ABOVE ENTITY**
	Certified Copy of ; Certificate of Good	Arts & Amendments
		"/ NOTARIAL CERTIFICATION**
COUNTRY OF DESTINA NUMBER OF CERTIFIC	· · · · · · · · · · · · · · · · · · ·	
TOTAL OWED \$25.0	0	ACCOUNT #: 120160000072
Please call Tina at	the above number f	for any issues or concerns. Thank you so much!

## **COVER LETTER**

TO: Registration Section Division of Corporations	
Orange Grove Rental Properties, Lle	
Name of Limited	Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change an	d fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the	e following:
Brandi Morris	
Name of Person	<del></del>
Harbor Compliance	
Firm/Company	<del></del>
1830 Colonial Village Ln	
Address	<del></del>
Lancaster, PA 17601	
City/State and Zip Code	
bmorris@harborcompliance.com	
E-mail address: (to be used for future annual report not	ification)
For further information concerning this matter, please call:	
Brandi Morris 717	4907935
Name of Person	Area Code & Daytime Telephone Numbe
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 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 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.

. (a)	8654 W FAIRWAY WOODS DR	(b)	
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	8654 W FAIRWAY WOODS DR		
	11/03/2014	<u> </u>	4000171193
	Date of filing/registration in Florida	4.	Document number
(a)	BUSINESS FILINGS INCORPORATED		
(a)	Registered Agent and Registered Office shown on the record	ls of the Florida De	pt. of State:
	1200 South Pine Island Road		
	Registered Office Address (MUST BE FLORIDA STRE	ET ADDRESS)	
	Plantation, FL 33324		
		. FL	2021 DEC
/ <b>L</b> .\	Registered Agents Inc		D 0 23
(b)	Enter name of NEW Registered Agent and/or NEW Regist	ered Office addres	<u>™</u>
			DEC 12 AHII: I
	NEW Registered Office Address:		一
	7901 4th St N Ste 300		
	St. Petersburg	. FL <sup>33702</sup>	
nange gent v as/we e arti	imited liability company is not organized under the or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limite authorized by an affirmative vote of the member cles of organization or the operating agreement of SI Glenn Willer	the registered of the liability compers of the limited	office and the business office of the registered bany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in ility company.  Miller
~			Printed or typed name of signee
ovisi e obl merc	by accept the appointment as registered agent and ons of all statutes relative to the proper and comp- igations of my position as registered agent as prov ely reflect a change in the registered office address I in writing of this change.	agree to act in a lete performance eided for in Cha s, I hereby confi	this capacity. I jurther agree to compty with the of my duties, and I am familiar with and accepter 605, F.S. Or, if this document is being filler that the limited liability company has been

David Roberts
Signature of Registered Agent