

C14000 180706

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6323

From: Account Name : LEOPOLD KORN & LEOPOLD, P.A.  
Account Number : 120010000025  
Phone : (786) 899-2235  
Fax Number : (305) 935-9042

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: kleopold@leopoldkorn.com

LLC REGISTERED AGENT CHANGE  
ORFALAJO, LLC

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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: ORFALAJO, LLC

2. (a) 8807 MISTY CREEK DR.  
Principal office address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)*  
SARASOTA, FL 34241

(b) 8807 MISTY CREEK DR.  
Mailing address of limited liability company:  
*(Note: MAY BE POST OFFICE BOX)*  
SARASOTA, FL 34241

3. 11/21/2014  
Date of filing/registration in Florida

4. L14000180706  
Document number

5. (a) \_\_\_\_\_  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
TROY H MYERS, JR  
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*  
2033 MAIN ST STE 600  
SARASOTA, FL 34237

(b) \_\_\_\_\_  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
LEOPOLD KORN, P.A.  
NEW Registered Office Address:  
20801 BISCAYNE BLVD., SUITE 501  
AVENTURA, FL 33180

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 of a member or authorized representative of a member

DANIELLE SARFATI  
Printed or typed name of signee

*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 of Registered Agent

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