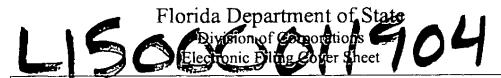
Division of Corporations



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(((H22000365763 3)))

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Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : I20180000011 : (844)386-0178 Fax Number : (214)317-4754

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

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OCT 26 2022 K. Brumbley

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

(((H22000365763 3)))

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. N	ame of the limited liability company: Orlando Informe	er, LLC		
2. (a)		(b)	
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)
	11843 Prince George Way		11843 Prin	ce George Way
	Orlando, FL, US, 32836		Orlando, F	L. US, 32836
	01/22/2015	!	L150000119	004
3.	Date of filing/registration in Florida	4.		Document number
5. (a)				
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State William Taylor Strickland III				- :
Registered Office Address (MUNT BE FLORIDA STREET ADDRESS)				
11843 Prince George Way				-
	Orlando , F	32836 L		~
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address LEGALING CORPORATE SERVICES INC		APPRUVE AND FILED 2022 OCT 25 PM SEGRELLAND FR ALLANDSSELTER	
	NEW Registered Office Address			S 2 2 E
	476 Riverside Ave			59
	Jacksonville, F	L. 32202		_
change agent was/w the art	limited liability company is not organized under the lactor changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e registere lability con of the limi e limited li	d office and mpany, it is ited liability ability com	If the business office of the registered is hereby confirmed that the change(s) we company or as otherwise provided in apany. Strickland III
	iture of a member or authorized representative of a member		. 1	Printed or typed name of signee
provis the ob to mer	by accept the appointment as registered agent and as nons of all statutes relative to the proper and complete ligations of my position as registered agent as provided reflect a change in the registered office address, I alm when pof this change.	gree to act e performa ed for in C hereby co	m this cape mee of my c hapter 605 nfirm that t	uties, and I am jamitiar with and accept, F.S. Or, if this document is being filed the limited hability company has been
Signati	are of Registered Agent			(((H22000365763 3)))