

21500007555

(Requestor's Name)

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(City/State/Zip/Phone #)

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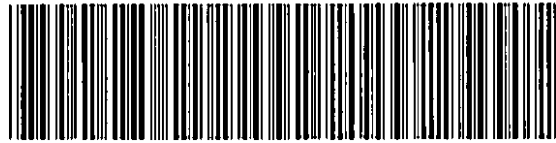
(Business Entity Name)

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DATE: 8/3/17

NAME: ORANGE MOTHERSHIP, LLC

TYPE OF FILING: CHANGE OF AGENT

COST: 25.00

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ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Attodge

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: ORANGE MOTHERSHIP, LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
6000 Broken Sound Parkway NW Suite 200
Boca Raton, FL 33487

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
6000 Broken Sound Parkway NW Suite 200
Boca Raton, FL 33487

3. 04/29/2015
Date of filing/registration in Florida

4. L15000075850
Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Long, David
Registered Office Address (MUST BE FLORIDA STREET ADDRESS):
6000 Broken Sound Parkway NW Suite 200
Boca Raton, FL 33487

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
PARACORP INCORPORATED
NEW Registered Office Address:
155 Office Plaza Drive, 1st Floor
Tallahassee, FL 32301

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]
Signature of a member or authorized representative of a member

David Long, CEO
Printed (or typed) name of signer

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] LETICIA BURLESON, ASSISTANT SECRETARY
Signature of Registered Agent

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

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