115000168043

(Re	equestor's Name)	 			
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
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(Document Number)					
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05/28/19--01005--020 **25.00





COVER LETTER

TO: Registration Section Division of Corporations					
ORRA, LLC					
	of Limited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing				
Please return all correspondence concerning this n					
Benjamin Gene					
Name of Person					
Keyes Property Management					
Firm/Company					
4301 N Federal Highway, Ste. 2					
Address					
Pompano Beach, FL 33064					
City/State and Zip Code					
Bgene@keyespm.com					
E-mail address: (to be used for future annual	report notification)				
For further information concerning this matter, plea	ase call:				
Benjamin Gene	561-598-5760				
Name of Person	Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS:	MAILING ADDRESS:				
Registration Section Registration Section					
Division of Corporations Clifton Building	Division of Corporations				
	637 1008 0327				
Tallahassee, Florida 32301	Tallahassee, Florida 32314				
Enclosed is a check for the following amo	dunt:				
☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy				
NHS18 (2/14)					

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. N	ame of the limited liability company: ORRA, LLC	2		
2. (a)	990 Riscaune Plud	(b)		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited (Note: MAY BE POST	
	Office 701			
	Miami, FL 33132			
	10/02/2015	L15000	168043	
 (a) 	Date of filing/registration in Florida Fiducial Jade INC	4.	Document number	
J. (a)	Registered Agent and Registered Office shown on the records of 990 Biscayne Blvd	of the Florida Dept of St	ate:	
	Registered Office Address (MUST BE FLORIDA STREE Office 701	T ADDRESS)		
	Miami	FL 33132		
۱ (b)	Benjamin Gene Enter name of NEW Registered Agent and/or NEW Registered 4301 N Federal Highway	ed Office address		2)
	NEW Registered Office Address		yahniy	C1
	Suite 2			· =
	Pompano Beach . F	L 33132		
signat vas/we the arti Signat I herel proyist the office of the condition of the conditio	imited liability company is not organized under the lange or changes are made, the Florida street address of the identical. Or, in the case of a Florida limited are authorized by an affirmative of the members cles of organization or the appearing agreement of the unit of a member of a member or authorized agreement of the proper and complete in the proper and complete i	of the registered officiability company, it of the limited liability company in the limited liability company in this caper to act in this caper to act in this caper.	te and the business offi is hereby confirmed the ity company or as other impany. Printed or typed name of pacity. I further agree.	ce of the registered at the change(s) wise provided in SELLET angue to comply with the
prinagni	e of Registered Apent			
	Division of Corporations P.O. FILING 1	. Box 6327+ Tallaha FEE: \$25.00	ssec, FL 32314	

INHS18 (2/14)