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K.SALY EXAMINER MAR -1

COVER LETTER

Divi	sion of Corporations					
SUBJECT:	Florida Orlando Realty, LLC					
	Name of Limited Liability Company					
Dear Sir or N	Madam:					
The enclosed	d Registered Agent/Registered Off	ice Change and fe	ee(s) are submitted for filing.			
Please return	all correspondence concerning th	is matter to the fo	llowing:			
Theresa G	Grace					
	Name of Person		-			
Florida Orl	lando Realty, LLC					
	Firm/Company		-			
14543 Wh	ittridge Dr.					
	Address		-			
Winter Ga	rden, FL 34787					
	City/State and Zip Code		-			
terrigrace(@gmail.com					
E-mail	address: (to be used for future ann	ual report notific	ation)			
For further i	nformation concerning this matter,	please call:				
Theresa G	Brace	407	709-2145			
	Name of Person		Area Code & Daytime Telephone Number			
Regi Divi Clift 266	istration Section ision of Corporations ton Building 1 Executive Center Circle ahassee, Florida 32301	Regi Divis P.O.	ILING ADDRESS: stration Section sion of Corporations Box 6327 shassee, Florida 32314			
Enc	losed is a check for the following	amount:				
☑ \$.	25 Filing Fee	□ \$55	Filing Fee & Certified Copy			

Registration Section

TO:

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. Na	ame of the limited liability company: Florida Orland	o Re	alty	y, LLC
2. (a)	14543 Whittridge Dr., Winter Garden, FL 347	8	(b) _	14543 Whittridge Dr., Winter Garden, FL
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	-	<u> </u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	November, 5, 2015	-	_ L1	150001188155
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Raymond A. Venditti			
	Registered Agent and Registered Office shown on the records of th			
	Registered Office Address (MUST BE FLORIDA STREET A. 10217 Lake Louisa Rd.	2016 FEB 26		
	Clermont	3471	1	
	, FL_			
(b)				是是它
(+)	Enter name of NEW Registered Agent and/or NEW Registered (Office a	addre	PR 3: 55
	Theresa Grace			
	NEW Registered Office Address:			
	14543 Whittridge Dr.			<u> </u>
	Winter Garden, FL	3478	7	
the cha agent was/w the art	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the law.	the restility for the limited	giste com imite d lia	ered office and the business office of the registered npany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in ability company. resa Grace
_	ature of a member or authorized representative of a member			Printed or typed name of signee
provis the ob to mer	eby accept the appointment as registered agent and agree ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided rely reflect a change in the registered office address, I he ad in writing of this change.	e to a perfor l for in ereby	act ir rman n Ch r con	in this capacity. I further agree to comply with the nce of my duties, and I am familiar with and accept hapter 605, F.S. Or, if this document is being filed nfirm that the limited liability company has been
Signati	ure of Registered Agent			

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