

## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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Division of Corporations

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## LLC REGISTERED AGENT CHANGE **BIG ORCA INVESTMENTS, LLC**

Certificate of Status	0
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**S Warren** 

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

Pursuant to the provisions of sections 6 submits the following statement in order	05.0]]4 or 605.0]] ler t <u>o change tts re</u>	6. Flor gistere	ida Statut d office o	es, the unders. Fregistered (	igned limited liabil agent, or both, in	ity company the State of
Florida.  1. Name of the Limited Liability Compa	ny: BIG ORCA I	NVES	STMEN	TS, LLC		
2. (a) 17406 PAVAROSO ST.			(b) 1740	06 PAVARO	OSO ST.	
Principal office address of limits (Note: MUST RE STRE		<del></del>	(0)	Mailing add	ress of limited liability of AY BE POST OFFICE	• •
BOCA RATON, FL 33496		_	вос	A RATON,	FL 33496	
2/4/2016			L 160	00024998	9	
3. Date of filing/registration	m in Florida	<b>-</b> 4.			nt number	
5. (a) NRAI SERVICES, INC.						
Registered Agent and Registered Office	shown on the records of	the Flor	ida Dept. of	State:		
1200 SOUTH PINE ISLAN	ND ROAD					
Registered Office Address (MUST )		ADDRE	<u>(5.5)</u>			
					, 😜	
PLANTATION	, FI	, 333	24	<del></del>		
a Caribal Carranta Carria						m
(b) Capitol Corporate Service: Enter name of NEW Registered Asont		Office	address:	<del></del>	(A. )	1
		12.111.5	<u> </u>		797	
155 Office Plaza Dr Ste A					FLO H	D
NEW Registered Office Address:				<del></del>	: 56 TATE ORIDA	ı
Tallabassas		200	0.4			
Tallahassee	, FL	<u>, 323</u>	<u>U1</u>	<del></del>		
If the limited liability company is not or the change or changes are made, the Floragent will be identical. Or, in the case of was/were authorized by afraffirmative vithe articles of organization or the operation of the operation of the operation of the operation.	rida street address of f a Florida limited li ote of the members o	f the real ability of the L	gistered o company, imited list d lisbility	ffice and the b , it is hereby co bility company	cusiness office of the confirmed that the clay or as otherwise pr	ne registered hange(s)
Signature of a member or authorized represents					typed name of signee	
I hereby accept the appointment as regi- provisions of all statules relative to the L the obligations of my position as register to merely reflect a change in the register notified in writing of this change.	stered agent and age proper and complete red agent as provide red office address, I	ree to a perfor d for it hereby	nct in this mance of a Chapter confirm t	capacity. I fu my duties, and 605, F.S. Or, hat the limited	rther agree to comp d I am familiar with if this document is d liability company	th with the and accept being filed has been
Manu Case	Delani	e Cas	e, Assis	stant Secret	tary on	
Signature of Registered Agent	behalf	of Ca	pitol Co	rporate Ser	vices, Inc.	
Division of Co	orporations P.O. I			ahassee, FL 32	<b>2</b> 314	

INHS 18 (2/14)