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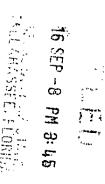
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COVER LETTER

Registration Section Division of Corporations					
SUBJECT: Orchids Fl. Com LLC Name 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 matter to the following:					
OSCAR GPEZ Name of Person					
Orchid Fl. Com LLC Firm/Company					
9248 Collins DUR Address					
Surfside P 33154 City/State and Zip Code					
OSLOGRA 9 6 Mil. Cum E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Willpan Windle at (305) 710-2829					
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 P.O. Box 6327					
2661 Executive Center Circle Tallahassee, Florida 32314					
Tallahassee, Florida 32301					
Enclosed is a check for the following amount:					
■ \$25 Filing Fee & Certified Copy					

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	fame of the limited liability company:	de Fla	Com L	LC
2. (a)	Principal office address of limited liability company:	_ (b)	Mailing address o	of limited liability company:
	(Note: MIJCT BE STREET ADDRESS)			BE POST OFFICE BOX)
	Mode. Most be street Abbress, 56	5/	(27,0000 7,22,22	210010111022011
	19095 SW 200 51	 	·	
	Homesterd Pl. 330	032		
	08/10 /2016	41	6000 14	9407
3.	Date of filing/registration in Florida	4.	Document nu	mber
5. (a)		he Florida Dept. of !	State:	
	11/10/ 51 256 54	Kome	deal	
	Registered Office Address (MUST BE FLORIDA STREET A		1.7 CAV	
	[223,323		
	Homesteal, F/, FL	30	32	
(b)				65 S
	Enter name of NEW Registered Agent and/or NEW Registered	Office address:		
	9248 Colling Dus			₩
	NEW Registered Office Address:			
				5 in (
			 ~6	4
		3/5	5/2 T	
	SURPSIDE ,FL	33/5	18 /	
If the l	limited liability company is not organized under the law	is of the State of	Florida, it is here	by confirmed that after
agent v	nange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia	me registered of bility company.	it is hereby confi	rmed that the change(s)
was/w	vere authorized by an affirmative vote of the members of	f the limited liab	ility company or	as otherwise provided in
the art	ticles of organization or the operating agreement of the l	•		
	Dent of	OSCAR	Printed or typed	
Signa	ature of a member or anthorized representative of a member		Printed or typed	I name of signee
provisi the obt to mer	eby accept the appointment as registered agent and agressions of all statutes relative to the proper and complete poligations of my position as registered agent as provided rely reflect a change in the registered office address, I have a few and this change.	ee to act in this coperformance of the light	capacity. I furthe my duties, and I a 605, F.S. Or, if that the limited lia	r agree to comply with the m familiar with and accept his document is being filed bility company has been
Signat	ture of Registered Agent			
~	MIN DI IVOGISIONI IIGUNI			