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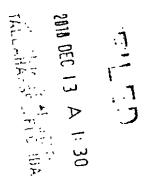
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## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: 207 Orange Name of Lim	LLC ited Liability Company	_
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Chang	ge and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter	to the following:	
Anthony D. Mast Name of Person		
207 Ovange LL Firm/Company		;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;
16/01 010 US 41 Address		, i
Ft, Myevs FZ City/State and Zip Code	33912 = A	<u>-</u> -
E-mail address: (to be used for future annual report	nan.net	
For further information concerning this matter, please ca	ıll:	
Bridget mast at (2)	Area Code & Daytime Telephone Number	- er
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following amount:		
<b>4</b> 825 Filing Fee	□ \$55 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.

١.	Na	me of the limited liability company: 207 Orange LLC
2.	(a) .	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  (b) 15 4 3 0 Kilbirnie Dri  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
		Ft. Myers FL 33912 Ft. Myers FZ
		33912
3.		Date of filing/registration in Florida  4. Document number
	(a)	Anthony D. Mast
٥.	(4)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
		20200 Persimmon Ridge Rel
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
		Alva FL 33920
	(b)	Anthony D. Mast
	(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:
		16101 Old US 41
		NEW Registered Office Address:
		Ft. Myers, PZ 33912
		, FL
16.	L_ 1:	
the	cha	mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after nge or changes are made, the Florida street address of the registered office and the business office of the registered
wa:	s/we	vill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) re authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in
the	arti	cles of organization or the operating agreement of the limited liability company.
<del>-</del> s	ignat	ure of a member of authorized representative of a member Printed or typed name of signee
I h pro the to i	eret visio obli nere	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept igations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed by reflect a change in the registered office address, I hereby confirm that the limited liability company has been I in writing of this change.
Sig	natui	re of Registered Agent