## orida Department of S

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000031343 3)))



H200000313433ABCQ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Phone Fax Number : (855)330-1010

\*\*Enter the email address for this business entity to be used for futur annual report mailings. Enter only one email address please.\*\*

| Address: |  |  |
|----------|--|--|
|          |  |  |
|          |  |  |
|          |  |  |

## LLC REGISTERED AGENT CHANGE LOR MANAGEMENT, LLC

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 02      |
| Estimated Charge      | \$25.00 |

- AMMONS

## 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. Name of the limited liability company: LOR Management, LLC |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
| 2. (a)  | 2421 marina bay dr. w 103  | (b) 2421   | 21 marina bay dr. w 103  |  |  |  |
| 2. (,   | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)  | · '''/   | Mailing address of limited liability company:<br>(Note: MAY BE POST OFFICE BOX)  |  |  |  |
|   | 103  | 103  |  |  |  |  |
|   | t. lauderdale, FL 33312 ft. lauderdale, FL 33312   |  |  |  |  |  |
|   | 02/20/2017   | <b>L1</b> 700  | 00039779   |  |  |  |
| 3.  | Date of filing/registration in Florida   | 4.   | Document number  |  |  |  |
| 5. (a   | UNITED STATES CORPORATION AGENTS   | , INC.   |  |  |  |  |
| J. (u   | Registered Agent and Registered Office shown on the records of the   | ne Florida Dept. of S  | State:   |  |  |  |
| 5575 S. SEMORAN BLVD  |  |  |  |  |  |  |
|   | Registered Office Address (MUST BE FLORIDA STREET A)   | 2020<br>SEC  |  |  |  |  |
|   | SUITE 36   |  |  |  |  |  |
|   | ORLANDO  | 32822  | ZOZO JAN 28<br>SECRELAHA   |  |  |  |
| (b)   | Registered Agents Inc.   |  | AMIO: 30   |  |  |  |
| (υ,   | (b) Registered Agents Inc.  Enter name of NEW Registered Agent and/or NEW Registered Office address:   |  |  |  |  |  |
|   | 7901 4th St N  |  | . d∈   |  |  |  |
|   | NEW Registered Office Address:   |  |  |  |  |  |
|   | STE 300  | And the property of the proper |  |  |  |  |
|   | St. Petersburg, FL   | 33702  | <u></u>  |  |  |  |
| the chagent was/v   | limited liability company is not organized under the law lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia vere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the law.                     | the registered of<br>bility company,<br>f the limited liab<br>limited liability (  | fice and the business office of the registered it is hereby confirmed that the change(s) sility company or as otherwise provided in company. |  |  |  |
|   | Ritury Park. lature of a member or authorized representative of a member   | Riley Park   | Printed or typed name of signee  |  |  |  |
| I her<br>provi<br>the oi<br>to me<br>notifi                   | eby accept the appointment as registered agent and agrassions 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 head in spriting of this change.  Bill Havre - Assistant ture of Registered Agent | performance of t<br>l for in Chapter<br>ereby confirm th   | canacity. I further agree to comply with the   |  |  |  |

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