## 1170000 43 708

(Re	questor's Name)			
(Ad	dress)			
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
·		•		
PICK-UP	WAIT	MAIL		
_	<u> </u>	_		
(Bu	siness Entity Nam	ne)		
(Do	ocument Number)			
Certified Copies Certificates of Status				
0 11 4 25	F.II Off	· ·		
Special Instructions to	Filing Officer:			

Office Use Only



000338100290

01/03/20--01011--018 ++23.00

2020 JAN -2 PH 5: 58
SECRETARY AND THE SECRETARY



JAN 3 0 2020 I ALBRITTON

## COVER LETTER

TO: Registration Section Division of Corporations	
TORIG.LLC	
SUBJECT:	Clinia History Communication
Na	ame of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered O	ffice Change and fee(s) are submitted for filing.
Please return all correspondence concerning t	this matter to the following:
Tyler Gordon	
Name of Person	
TORIG, LLC	
Firm/Company	
275 SE Spanish Trail	
Address	<del></del>
Boca Raton, FL 33432	
City/State and Zip Code	
tyler@torig.com	
•	
E-mail address: (to be used for future ar	anual report notification)
For further information concerning this matter	π, please call:
Tyler Gordon	561 350-7449
Name of Person	at () Area Code & Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following	ng amount:
\$25 Filing Fee	S55 Filing Fee & Certified Copy
INHS18 (2/14)	

## 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.

i. N	TORIG, ame of the limited liability company:			
_, ,,,	Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS) 275 SE Spanish Trail		Mailing add	dress of limited liability company:  MAY BE POST OFFICE BOX
	Boca Raton, FL 33432	<del></del>	Boca Raton, FL 334	132
	02/23/2017		L17000043708	
3.	Date of filing/registration in Florida	4.	Docume	nt number
5. (a)				
	Registered Agent and Registered Office shown on the re	ecords of the Florida HIS IS THE OLD /		
	Registered Office Address (MUST BE FLORIDAS) 221 COMMERCIAL BLVD, SUITE 20			-1
	LAUDERDALE BY THE SEA	33308 FL		F I 2020 JAH SEGAL S TALL AHE
(b)				MH-2
(47)	Enter name of NEW Registered Agent and/or NEW R	egistered Office add	ress:	
	Tyler Gordon < Th	HIS IS THE NEW	ADDRESS	PH 5:1
	NEW Registered Office Address: 275 SE Spanish Trail			10.1 8 <b>8</b>
	Boca Raton	33432 . FL	· <del></del>	
chang agent was/w the art Sign	limited liability company is not organized under or changes are made, the Florida street address will be identical. Or, in the case of a Florida literer authorized by an affirmative vote of the medicles of organization or the operating agreement at the control of a member of a memb	r the laws of the se of the registere mited liability combers of the limit of the limited liability for the limited liability and owner to act	State of Florida, it is a fortice and the busing and the state of the state	iness office of the registered confirmed that the change(s) by or as otherwise provided in ryped name of signee
provis the ob to mei	ions of all statutes relative to the proper and co ligations of my position as registered agent as elv reflect a change in the registered office ado d in writing of this change.	omplete performa provided for in C Iress, I hereby co	nce of my duties, an hapter 605, F.S. Or nfirm that the limite	nd I am familiar with and accept, if this document is being filed a liability company has been

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