

L17000183549

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

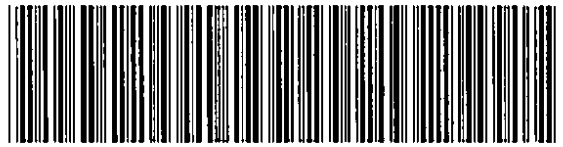
(Business Entity Name)

(Document Number)

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2018 AUG -6 AM 8:23

SECRETARY OF STATE  
TALLAHASSEE, FL

U.S.  
08-13-18

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ORLANDO PROFESSIONAL PROPERTY MANAGEMENT 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:

Rajesh Chhelavda

Name of Person

ORLANDO PROFESSIONAL PROPERTY MANAGEMENT LLC

Firm/Company

6735 Conroy Rd #317

Address

Orlando FL 32812

City/State and Zip Code

oppm247@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rajesh Chhelavda

at (760) 7092220

Name of Person

Area Code & Daytime Telephone Number

**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:**

☒ \$25 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.*

1. Name of the limited liability company: ORLANDO PROFESSIONAL PROPERTY MANAGEMENT LLC

2. (a) 6735 Conroy Rd #317 (b) P O Box 622476

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

Orlando FL 32835

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

Orlando FL 32862

09/18/2015

L17000183549

3. Date of filing/registration in Florida

4. Document number

5. (a) Rajesh Chhelavda

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

7900 DAETWYLER DR

ORLANDO, FL 32812

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

Rajesh Chhelavda

NEW Registered Office Address:

6735 Conroy Rd # 317

Orlando, FL 32835

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

R Chhelavda  
Signature of a member or authorized representative of a member

Rajesh Chhelavda  
Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

R Chhelavda  
Signature of Registered Agent

**FILED**  
2018 AUG -6 AM 8:23  
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TALLAHASSEE, FL