## 118000131275

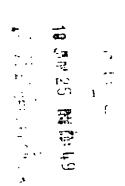
(Req	uestor's Name)			
(Add	ress)			
(Add	ress)			
(City	/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



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JUN 25 2018



June 14, 2018

RICHARD MANZANO 6213 BENT PINE DR APT 110A ORLANDO, FL 32822 US

SUBJECT: ORLANDO WEDDING LIMOUSINE, LLC

Ref. Number: L18000131275

We have received your document for ORLANDO WEDDING LIMOUSINE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Judy A Leggett
Regulatory Specialist II
Registration Section

Letter Number: 918A00012450



2018 JUN 25 PH 1: 53

## **COVER LETTER**

TO:	Registration Section Division of Corporations				
SUBJI	Orlando Wedding Limousine				
		Name of Limited Liability Company			
Dear S	ir or Madam:				
The en	closed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.			
Please	return all correspondence concerning this n	natter to the following:			
Richa	ard Manzano				
	Name of Person				
Orlan	do Wedding Limousine				
	Firm/Company				
6213	Bent Pine Dr Apt 110a				
	Address				
Orlan	do, Florida, 32822				
	City/State and Zip Code				
Richa	ırdManzano.Re@Gmail.com				
Е	-mail address: (to be used for future annual	report notification)			
For fur	ther information concerning this matter, ple	ase call:			
Richa	rd Manzano	407 5837055			
-	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:				
	<b>☑</b> \$25 Filing Fee	☐ \$55 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.

1. Na	ame of the limited liability company: Orlando Wed	dding Limous	ine			
2. (a)	6213 Bent Pine Dr. 110a	(b) 62°	(b) 6213 Bent Pine Dr. 110a			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limite (Note: MAY BE POS			
	110a	110	a			
	Orlando, FI, US 32822	Orla	ando, FI, US 32822			
	05/25/2018	L180	000131275			
3.	Date of filing/registration in Florida	4.	Document number			
5. (a)	United States Corporation Agents INC					
(u)	Registered Agent and Registered Office shown on the records of	the Florida Dept.	of State:			
	Registered Office Address (MUST BE FLORIDA STREET)  13302 Winding Oak Ct	ADDRESS)				
	Tampa	33612	 			
(b)	Richard Manznao			CO 1		
(*/)	Enter name of NEW Registered Agent and/or NEW Registered	l Office address:		10.00 10.00 10.00		
	Richard Manzano			**************************************		
	NEW Registered Office Address:		<del></del>	i. Č		
	6213 Bent Pine Dr. 110a			•		
	Orlando FI	32822				
the cha agent v was/we the arti	imited liability company is not organized under the la inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited libere authorized by an affirmative vote of the members of cless of organization or the operating agreement of the ture of a member or authorized representative of a member by accept the appointment as registered agent and agons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address. I	f the registered lability compan of the limited li limited liabilit Richard	office and the business of y, it is hereby confirmed to ability company or as othey company.  Manzano  Printed or typed name of scapacity. I forther cores	the of the registered that the change(s) erwise provided in		
	the reflect a change in the registered office address, I vin writing of this change.  The old registered Agent	hereby confirm	that the limited liability o	company has běen		

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