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From:

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Account Number : I20090000081

: (307)200-2803

Phone Fax Number

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JUN 1 4 2019

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the prôvisions 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. N	lame of the limited liability company:	OINRIN	GW	ORLE	LLC			
2. (a)	000 7CTH CTDEET NAM			(b) 920 76TH STREET NW				
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	BRADENTON, FL 34209			BRADENTON, FL 34209				
	06/21/2018			L18000153212				
3.	Date of filing/registration in Flo	rida	· 4.		Document nur	mber		
5. (a	, UNITED STATES CORPORATIO	N AGENTS	S. INC					
2. i a	Registered Agent and Registered Office shown or	the records of t	he Florio	la Dept_of St	tale;			
	13302 WINDING OAK COU	₹T						
	Registered Office Address (MUST BE FLOR	Registered Office Address (MUST BE FLORIDA STREET AD				m' 09		
	Α							
	TAMPAFL			2		2819 JUN 13	****	
	Penistered Agents Inc.	. -				15 / A	į	
(b)	Enter name of NEW Registered Agent and/or N	Office a	ddress.		200	-		
	7901 4th St N					10: 53 OPEN		
	NEW Registered Office Address.				- 			
	STE 300							
	St. Petersburg	FL_	3370	2				
the chagent was/v the ar	limited liability company is not organized nange or changes are made, the Florida stre will be identical. Or, in the case of a Flor vere authorized by an affirmative vote of the tieles of organization or the operating agrements of a member or authorized representative of a	eet address of ida limited lia te members o tement of the member	the reg ability of the li limited Ri	istered off company, i mited liabi liability c ey Park	t is hereby confir t is hereby confir lity company or a ompany. Printed or typed	ness office of the registermed that the change(s) as otherwise provided in name of signee	ered) in	
I her provi. the ol to me	eby accept the appointment as registered a sions of all statutes relative to the proper of bligations of my position as registered age rely reflect a change in the registered offic	igent and agr ind complete nt as provided re address, I t	ee to a perfori i for in iereby	et in this ca nance of n Chapter 6 confirm th	apacity. I further w duties, and I ar 805, F.S. Or, if th at the limited liab	agree to comply with m familiar with and ac ais document is being fullify company has bee	ine cept iled n	

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

- Assistant Secretary

natified in Spiting of this change.

Signature of Registered Agent

Bill Havre