## 119000067091

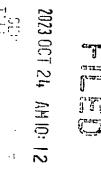
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
-
}
imilk
$\sqrt{l \cdot l l \cdot l l}$

Office Use Only



400417863574

15.24/11--01019--014 \*\*25.00



## COVER LETTER

TO: Registration Section Division of Corporations	
Orange Ivanhoe, LEC SUBJECT:	
Name of	Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office C	hange and fee(s) are submitted for filing.
Please return all correspondence concerning this ma	tter to the following:
Krystal Wetter	
Name of Person	<del></del>
Orange Ivanhoe, LLC	
Firm/Company	
1414 N. Orange Ave.	
Address	
Orlando, FL 32804	
City/State and Zip Code	
crystal.vohospitality@gmail.com	
E-mail address: (to be used for future annual re	port notification)
For further information concerning this matter, pleas	e call;
Krystal Wetter at	407 536-9579
Name of Person	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 amou	int:
■ \$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.

. (a)	Orange Ivanhoe, LLC	(b) Or	ange Ivanhoe, LLC	
, ,	Principal office address of limited liability of (Note: MUST BE STREET ADDRES	этрапу:	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	
	1414 N. Orange Ave.	PO	Box 2360	
	Orlando, FL 32804	Win	Windermere, FL 34786	
	03/08/2019	L190	000067091	
	Date of filing/registration in Florid	la 4.	Document number	
(a)	Philippe Villain			
()	Registered Agent and Registered Office shown on th	e records of the Florida Dept	. of State:	
	Registered Office Address (MUST BE FLORID)	<del></del> _		
	2617 Carter Grove Cir.			
	Windermere	, FL <sup>34786</sup>	2023	
( <b>h</b> )			023 OCT 24	
(0)	b) Enter name of NEW Registered Agent and/or NEW Registered Offic			
			(FILE)	
			AH IO: 12	
	NEW Registered Office Address:			
	1414 N. Orange Ave.	<u></u> .		
	Orlando	, FL_32804		
ange ent w s/we	or changes are made, the Florida street addr fill be identical. Or, in the case of a Florida	der the laws of the State ess of the registered offi limited liability compan nembers of the limited h	y, it is hereby confirmed that the change(s) iability company or as otherwise provided in	
		Philippe V		
ignak	are of a member or authorized representative of a men	iber	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.

Signature of Registered Appli