

L19000067573

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

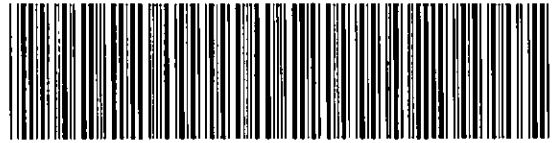
(Document Number)

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FILED

2022 DEC -9 AM 8:58

CLERK OF DISTRICT COURT

2022 DEC -9 PM 2:50

A. BUTLER

DEC 12 2022

Incorporating Services, Ltd.

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953  
www.incserv.com  
e-mail: accounting@incserv.com

incserv

**ORDER FORM**

**TO** Florida Department of State  
The Centre of Tallahassee  
2415 North Monroe Street, Suite 810  
Tallahassee, FL 32303  
corphelp@dos.myflorida.com  
850-245-6051

**FROM** Melissa Moreau  
mmoreau@incserv.com  
850.656.7953

**REQUEST DATE** 12/9/2022

**PRIORITY** Regular Approval

**OUR REF # (Order ID#)** 1102161

**ORDER ENTITY**

ODE FAMILY MANAGEMENT, LLC

**PLEASE PERFORM THE FOLLOWING SERVICES:**

ODE FAMILY MANAGEMENT, LLC ( FL )

File the attached change of agent document

**NOTES:**

\$25.00 Authorized

**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

**7 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: ODE FAMILY MANAGEMENT, LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_

Principal office address of limited liability company:

**(Note: MUST BE STREET ADDRESS)**

2940 Mallory Circle, Suite 205

Celebration, FL 34747

Mailing address of limited liability company:

**(Note: MAY BE POST OFFICE BOX)**

2940 Mallory Circle, Suite 205

Celebration, FL 34747

03/04/2019

L19000067573

3. Date of filing/registration in Florida

4. Document number

5. (a) ORTH, WILLIAM

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

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

300 NORTH RONALD REAGAN BOULEVARD, SUITE 217

LONGWOOD, FL 32750

(b) Universal Registered Agents, Inc.

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address:**

**NEW** Registered Office Address:

1317 California Street

Tallahassee, FL 32304

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.

Signature of a member or authorized representative of a member

Jeremy Good, Manager

Printed or typed name of signer

*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 Agent

AST. VP

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00