119000 109 290

| (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: | |
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Office Use Only



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COVER LETTER

TO: Registration Section

INHS18 (2/14)

| Division of Corporations | |
|--|---|
| SUBJECT: Voredda | ne of Limited Liability Company |
| · ···· | no o. Bilinted Billothiy donipany |
| Dear Sir or Madam: | |
| The enclosed Registered Agent/Registered Of | fice Change and fee(s) are submitted for filing. |
| Please return all correspondence concerning th | nis matter to the following: |
| Andrew Lietzenm Name of Person | oyer |
| Voredda Firm/Company | |
| 3256 Kelvington | Drive |
| Orlando FL 328 City/State and Zip Code | 10 |
| Voredda 6 gmail · Com E-mail address: (to be used for future an | nual report notification) |
| For further information concerning this matter | r, please call: |
| Andrew Lietzenmayer Name of Person | C at (321) 331-6952 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 followin | g amount: |
| S25 Filing Fee | S55 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. Na | ame of the limited liability company: Voredda | | | |
|----------|--|---|-------------------|---|
| 2. (a) | Voredda | (b) Voce | | |
| , , | Principal office address of limited liability company: | | _ | ted liability company: ST OFFICE BON |
| | (Note: MUST BE STREET ADDRESS) | 37 E/ | . , | - |
| | 3256 Kelvington Orive | 3436 | Kelvin | gton Urive |
| | Orlando, FL 32810 | Orlan | do, FL | 32810 |
| | 4/22/2019 | L1900 | 0010 | 9290 |
| 3. | Date of filing/registration in Florida 4 | | cument number | r |
| 5. (a) | Legaline Corporate Servi | | | |
| | Registered Agent and Registered Office shown on the records of the F | forida Dept. of State: | | 20 |
| | NG | | | 2020 1137 -7 |
| | Registered Office Address (MUST BE FLORIDA STREET ADD. | | . ` | 至二 |
| | 523/ Summerlin Common | 5, Suite 401 | 5 | 1 |
| | Fort Myers | | | -7 PH 1:48 |
| | ľ | | | · · |
| (b) | Enter name of NEW Registered Agent and/or NEW Registered Offi | | | - F |
| | Enter name of NEW Registered Agent and/or NEW Registered Offi | <u>ce address</u> : | | • |
| | Therese Hanley | | | |
| | NEW Registered Office Address: | | | |
| | 3256 Kelvington Drive | | | |
| | Orlando FL 3 | 2810 | | |
| If the l | limited liability company is not organized under the laws o ange or changes are made, the Florida street address of the | f the State of Florid registered office an | a, it is hereby o | confirmed that after office of the registered |

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

Andrew Lietzenmayer
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 Agent