

L19000112847

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

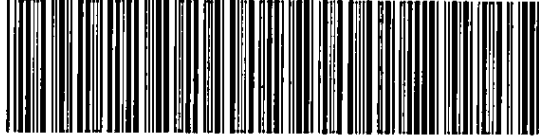
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200333521862

09/05/13--01001--001 **25.00

2019 SEP -5 PM 2:59

F WHITE
SEP 13 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Orchard Academy LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nicole S. Hampton
Name of Person

Orchard Academy LLC
Firm/Company

3660 Central Avenue Suite 12-14
Address

Fort Myers, FL 33901
City/State and Zip Code

Orchardacademyllc@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nicole S. Hampton at (239) 265-3305
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:

\$25 Filing Fee

\$55 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. Name of the limited liability company: Orchard Academy LLC

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

3660 Central Avenue Suite 1214 3660 Central Avenue
Fort Myers, FL 33901 Fort Myers, FL 33901 Suite 12-14

3. 4-25-19 4. L19000112847
Date of filing/registration in Florida Document number

5. (a) Yolaine Aurelien
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**
3660 Central Ave Suite 12-14
Fort Myers FL 33901

2019 SEP -5 PM 2:59

(b) Nicole S. Hampton
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Office Address:
3660 Central Ave Suite 12-14
Fort Myers FL 33901

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.

Nicole Hampton
Signature of a member or authorized representative of a member

Nicole S. Hampton
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.

Nicole Hampton
Signature of Registered Agent