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COVER LETTER

	egistration Section ivision of Corporations			. ·		
SUBJEC1	TOREV NORTH PROPERTIES	SLLC				
Name of Limited Liability Company						
Dear Sir o	r Madam:					
The enclos	sed Registered Agent/Registered	Office Cha	inge and f	ee(s) are submitted for filing.		
Please retu	urn all correspondence concerning	g this matte	er to the fe	ollowing:		
Adriana To	orres					
	Name of Person		·	_		
TOREV N	ORTH PROPERTIES LLC					
	Firm/Company	· · · · · · · · · · · · · · · · · · ·		-		
14057 Hels	sby Street					
	Address					
Orlando, F	lorida 32832					
	City/State and Zip Coo	ie		_		
adritorres8	4@yahoo.com					
E-ma	ail address: (to be used for future	annual rep	ort notific	cation)		
For furthe	r information concerning this ma	tter, please	call:			
Adriana To	ones	at (954	, 612-0108		
	Name of Person			Area Code & Daytime Telephone Number		
	lailing Address:			Street Address:		
	egistration Section			Registration Section		
	ivision of Corporations			Division of Corporations		
	O. Box 6327			The Centre of Tallahassee		
Ta	allahassee, FL 32314			2415 N. Monroe Street, Suite 810		
				Tallahassee, FL 32303		
Eı	nclosed is a check for the follow	ing amour	nt:			
	■ \$25 Filing Fee & Ce			5 Filing Fee & Certified Copy		

STÄTEMENT 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.

((b)	ORTH PROPERTIES LLC Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
`			
		(Mar. Mill Mill Ool Ville, 10070	
	14057 Hels	sby Street	
_	Orlando, F	lorida 32832	
	L190001235	589	
4.		Document number	
Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Adriana Torres			
Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 16594 AMBASSADOR BRIDGE ROAD			
33446		•	
Enter name of NEW Registered Agent and/or NEW Registered Office address:			
		2729 OCT	
		20	
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32832		2: 04	
register ability cof the lin limited Ad ree to ac	red office and company, it is mited liability liability com driana Torres cet in this capa	orida, it is hereby confirmed that after the dithe business office of the registered hereby confirmed that the change(s) we company or as otherwise provided in apany. Printed or typed name of signee acity. I further agree to comply with the duties, and I am familiar with and accept in F.S. Or, if this document is being filed the limited liability company has been	
	33446 33446 Office a registe ability of the limited Accepted to accept to	4. the Florida Dept. of State ADDRESS) 33446 32832 as of the State of Floregistered office and ability company, it is of the limited liability limited liability company. Adriana Torres	