9000130116

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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:	10/28/2021					
	Eric Marc	ano	_			
Reference #:			<u> </u>			
Entity Name:	ORA	NGE & BLU	E HOLDINGS 2.0, LLC			
_	·	n/Authorization	to Transact Business			
	☐ Amendment✓ Change of Agent					
☐ Reinst	atement rsion					
☐ Merger						
☐ Dissolution/Withdrawal☐ Fictitious Name						
Other_						
Authorized Ar	mount:	\$25.00				
Signature:	Eric Marcano					

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)	5404 Cypress Center Drive Suite 150	(b)	5404 Cypress Center Drive Suite 150
. ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OF FICE BOX)
	Tampa FL 33609		Tampa FL 33609
	May 24, 2010		
	May 21, 2019 Date of filing/registration in Florida	- 	L19000130116 Document number
. (a)	SMITH HULSEY & BUSEY, PA		Document minocr
	Registered Agent and Registered Office shown on the records of the	he Florida De	
	1 INDEPENDENT DR STE 3300		7
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)	TONI COST 20 PM 8: 03
	JACKSONVILLE , FL.	32202	
(b)	COGENCY GLOBAL INC.		in the second se
(0)	Enter name of NEW Registered Agent and/or NEW Registered (Office addres	EFE 03
	115 North Calhoun St., Suite 4		
	NEW Registered Office Address:		
	Tallahassee . FL	32301	
ne chai gent w /as/we	mited liability company is not organized under the lawinge or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited liable reauthorized by an affirmative vote of the members of these of organization or the operating agreement of the least of the leas	the register bility comp f the limited	ed office and the business office of the registered any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in
	/s/ Stacy Mestayer		y Mestayer
	are of a member or authorized representative of a member by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete to gations of my position as registered agent as provided by reflect a change in the registered office address. I he	e to act in performanc	Printed or typed name of signee this capacity. I further agree to comply with the e of my duties, and I am familiar with and accept

Signature of Registered Agent
Tim Mayville, Assistant Secretary
Division of Corporations ◆ P.O. Box 6327 ◆ Tallahassee, FL 32314
FILING FEE: \$25.00