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Division of Corporations

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Account Name : REGISTERED AGENTS INC.

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LLC REGISTERED AGENT CHANGE THE BANANA ORCHID COMPANY LLC

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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: The Bana	ana Orchi	id Company LLC
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	
	10/10/19	 	000255090
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	UNITED STATES CORPORATION AGENT	ΓS, INC.	
•	Registered Agent and Registered Office shown on the records of	the Florida Dept. of	State:
	5575 S. SEMORAN BLVD.		
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	
	36		
	ORLANDOFI	22022	202:
		32022	2022 NOV - 2
(b)	Registered Agents Inc		<u> </u>
	Enter name of NEW Registered Agent and/or NEW Registered	l Office address:	
	7901 4th St N		AH CONTRACTOR
	NEW Registered Office Address:		
	STE 300		$\stackrel{\cdot \cdot}{\omega}$
	St. Petersburg	33702	<u></u>
the cha agent v was/we the arti	imited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members dicles of organization or the operating agreement of the	f the registered o lability company, of the limited liab	ffice and the business office of the registered it is hereby confirmed that the change(s) bility company or as otherwise provided in
	Riles Tole. ture of a member or authorized representative of a member		Riley Park
			Printed or typed name of signee
provisi the obl to mere notifies	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	performance of ed for in Chapter hereby confirm t	capacity. I further agree to comply with the my duties, and I am familiar with and accep 605, F.S. Or, if this document is being filed hat the limited liability company has been
see H	Bill Havre - Assistan	nt Secretary	

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

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