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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. N	lame of the limited liability company:	OR HOLE	INGS, LLO	
2. (a)	·	(b)	
(/	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	`	- / <u></u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	5550 W. Executive Drive, Suite 230		5550 W.	Executive Drive, Suite 230
	Tampa, FL 33609		Tampa,	FL 33609
	02/18/2020		L2000004	19002
3.	Date of filing/registration in Florida	4.	-	Document number
5. (a)			
(Registered Agent and Registered Office shown on the records of NETHERO, CHRISTINA C	f the Florid	a Dept. of St	ate:
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u>S)</u>	_
	101 EAST KENNEDY BLVD, STE 2800			
	TAMPA	L. 33602		
	Enter name of NEW Registered Agent and/or NEW Registered Corporation Service Company	d Office a	<u>ldress</u> :	2024 DEC 18 SEALLAND
	NEW Registered Office Address:			
	1201 Hays Street			,,, , , , , , , , , , , , , , , , , ,
	Tallahassee	. 32301	-	PH 2: 08 SSEE, FL
	. F	L		- LE D8
chang agent was/v	limited liability company is not organized under the lage or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited layere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	e register iability co of the lin	ed office a ompany, it nited liabil:	nd the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in
	obert C. Weber	Ro	bert C. We	ber, Authorized Person
I her provide the object to me notification.	wature of a member or authorized representative of a member of a complete of all statutes relative to the proper and complete obligations of my position as registered agent as providerely reflect a change in the registered office address. I writing of this change. Live of Registered Agent e. Kirby. Asst. Vice President	gree to ac e perform ed for in (hereby c	t in this cap ance of my Chapter 60 onfirm that	Printed or typed name of signee pacity. I further agree to comply with the eduties, and I am familiar with and accept 15, F.S. Or, if this document is being filed t the limited liability company has been