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| (Re | equestor's Name) | | | | | |
|-------------------------|-------------------------------|------|--|--|--|--|
| (Ad | ldress) | | | | | |
| (Ad | ldress) | | | | | |
| (Cit | ty/State/Zip/Phone | e #) | | | | |
| PICK-UP | ☐ WAIT | MAIL | | | | |
| (Bu | siness Entity Nan | ne) | | | | |
| (Do | ocument Number) | | | | | |
| Certified Copies | Copies Certificates of Status | | | | | |
| Special Instructions to | Filing Officer: | | | | | |
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Office Use Only



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COVER LETTER

| Division of Corporations | |
|--|--|
| Orkus Swim LLC SUBJECT: | |
| | 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 n | natter to the following: |
| Greg Gardella | |
| Name of Person | |
| Orkus Swim LLC | |
| Firm/Company | |
| 1326 Noble Heron Way | |
| Address | |
| Naples, FL 34105 | |
| City/State and Zip Code | |
| ggardella@orkusswim.com | |
| E-mail address: (to be used for future annual | report notification) |
| For further information concerning this matter, ple | ease call: |
| Greg Gardella | 703 470-5522 at () |
| Name of Person | Area Code & Daytime Telephone Number |
| Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |
| Enclosed is a check for the following am | nount: |
| ■ \$25 Filing Fee | ☐ \$55 Filing Fee & Certified Copy |
| INHS18 (2/14) | |

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.

| . Na | me of the limited liability company: Orkus Swim LLC | | | | | | | | |
|--|--|--|--------------------------------|--|---|--------------------|----------------|--------------------|---|
| (a) | 1326 Noble Heron Way | . (| b)_ | 326 Nobl | le Heron W | ay | | | |
| | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | | , | Mailing addro (<u>Note: Ma</u> | | | - | |
| | Naples, FL 34105 | - | N | aples, FL | . 34105 | | | | |
| | 8/6/2020 | | L20 | 00002369 | 961 | | | | |
| • | Date of filing/registration in Florida Devon Browne | 4. | | | Document | numbe | er | | |
| (a) | Registered Agent and Registered Office shown on the records of the 3701 Pleasant Springs Dr Registered Office Address (MUST BE FLORIDA STREET AL | - | _ | ot. of State | - 2: - | | ~-\r.;; \cc | 20 | |
| | Naples FL 3 | 4119 | | | - | | ALLAH ALLAH | 2022 MAY 3 | 7 |
| (b) | Greg Gardella | | | | _ | | ASSER | 31 AM | |
| | Enter name of NEW Registered Agent and/or NEW Registered Co. 1326 Noble Heron Way NEW Registered Office Address: | office a | <u>ddres</u> | <u>»</u> : | - | | E.FL | 8: 48 | O |
| | Naples , FL 3 | 4105 | | | - | | | | |
| ange gent v as/we | mited liability company is not organized under the laws or changes are made, the Florida street address of the rivill be identical. Or, in the case of a Florida limited liability authorized by an affirmative vote of the members of class of organization of the li | egister ility c the lin mited | red o omp nitec liabi | ffice and any, it is Hiability lity com | the busin hereby co company | ess offi nfirme | ice of the | e regist e chan | ered ge(s) |
| X | / ag// /adulla | Gr | eg Ga | ırdella | | رر | 09 | 10 | 7 |
| herel rovisi e obli mere otified | ure of a member or authorized representative of a member of all statutes relative to the proper and complete points of my position as registered agent as provided by reflect a change in the registered office address. I he is writing of the change in the registered office address. I he is writing of the change in the registered of the regi | e to ac erforn for in reby c | iance Chaj onfii I | his capa e of my a oter 605, m that t | luties, ånd , F.S. Or, he limited | thar aa | roo to c | omalu | with the d accep ng filed been |