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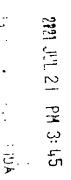
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: ORIANGO SMART SNACKS LLC Name 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 matter to the following:
Nilliam H. MilleR Name of Person
ORLANDO SMAIT SNACKS LLC Firm/Company
6031 Margie Ct. Address
Of lawdo, FL 32807 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (407) 963-2946 Name of Person Area Code & Daytime Telephone Number
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810

□ \$25 Filing Fee

Enclosed is a check for the following amount:

\$55 Filing Fee & Certified Copy

Tallahassee, FL 32303

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.	Name of the limited liability company: OKIANDO	SMACT SINACKS ILC	
	a) 15502 STONEY DECK Wat PKWY	.1	wy
۷. (۵	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	-/
	Ste 104-584	5te_104-584	
	Winter LANGEN Fl. 34787	Winter Standen F/ 34787	
	AVJUST 19 2019 Date of filing/registration in Florida	L20000 256 452	
3.		4. Document number	
5. ((a) <u>Registered</u> Agents inc.		
	Registered Agent and Registered Office shown on the records of the	te Florida Dept. of State:	
	7901 4th STreet North		
	Registered Office Address (MUST BE FLORIDA STREET AD	DDRESS)	
	Ste 300	. 2	
	ST, Petersburgh , FL	33702	
		<u>, </u>	
(1	b) William H. Miller JR.		
	Enter name of NEW Registered Agent and/or NEW Registered Of	mice address:	
	NEW Registered Office Address:		
	/		
	6031 MAryie CT.		
	iRlando, FL	32807	
I.F.a.L.	ne limited liability company is not organized under the laws	e of the State of Florida, it is hereby confirmed that after	r the
chan	nge or changes are made, the Florida street address of the re-	registered office and the business office of the registered	Ĺ
agen was/	nt will be identical. Or, in the case of a Florida limited liabi /were authorized by an affirmative yete of the members of t	other imited liability company or as otherwise provided) in
the a	articles of organization or the operating agreement of the lin	imited lightlity company	
	1. 11/11/1	Printed name of signee	
•	gnature of a member or authorized representative of a member		tha
prov the c	ereby accept the appoinment as registered agent and agree visions of all statutes relative to the proper and complete pe obligations of my position as registered agent as provided for ierely reflect a change in the registered office address. I her fied in writing of this change.	e to act in this capacity. I juriner agree to compty with erformance of my duties, and I am familiar with and act for in Chapter 605, F.S. Or, if this document is being fereby confirm that the limited liability company has bee	rcept iled n
Sign	My H M M		