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COVER LETTER

Registration Section Division of Corporations Orange Elite Title Agency LLC SUBJECT: 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: Mary Manry Name of Person Orange Elite Title Agency LLC Firm/Company 3549 Neaptide Path Address The Villages, FL 32163 City/State and Zip Code marymanryorangeelite@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Mary Manry 352 626-1553 Name of Person Area Code & Daytime Telephone Number Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, Fl. 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 Enclosed is a check for the following amount: 🗎 \$25 Filing Fee ☐ \$55 Filing Fee & Certified Copy

TO:

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	une of the limited liability company: Orange Elite Title	Agency	/ LI	.C				
. (a)	3549 Neaptide Path	3549 Neapti			eaptide Path			
,,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `	/ _		Mailing address o (Note: MAY B			
	The Villages, FL 32163	_	-	The Vill	ages, FL 32163			
	05/05/21		L2	2100021	0979			
•	Date of filing/registration in Florida	4.			Document nu	mber		
. (a)	Mary A. Manry							
	Registered Agent and Registered Office shown on the records of	tate:						
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					20		
	4125 County Road 106						71 SEV 1707	
	Oxford . FL	34484					<u>بي</u>	
								•
(b)					<u>-</u> _		14 15	. * .
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Offic <u>e a</u>	<u>ddr</u>	<u>ess</u> :			<i>?</i> ?	
							ယ	
	NEW Registered Office Address:							
	3549 Neaptide Path							
	The Villages . FI.	32163						
hange gent was/weae arti- Signat Berel Frovision Berel Ontifica	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liabre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the Member of a member or authorized refresentative of a member ov accept the appointment as registered agent and agreement of the proper and complete igations of my position as registered agent as provided in the registered office address. The limiting of this change. When Warm	register shility confitted limited	red omposited liab	office a pany, it d liabil pility co	ind the business of is hereby confirmity company or a company. Printed or typed	office of med that is otherw	the reg the cha ise pro	istered inge(s) vided in

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