## L21000239697





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## **COVER LETTER**

PO: Registration Section Division of Corporations				
AOR-HGL. LLC SUBJECT:				
	nited Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Chan	nge and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter	to the following:			
Kyle Creasy				
Name of Person				
Leisnoi, Inc.				
Firm/Company	<del></del>			
101 W Benson Blvd Ste 202				
Address				
Anchorage, AK 99503				
City/State and Zip Code				
taxes@lcisnoi.com				
E-mail address: (to be used for future annual repo	ort notification)			
For further information concerning this matter, please of	call:			
Kyle Creasy 3	21 459-0722			
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 amoun	t:			
■ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy			

## 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.

I. Na	ame of the limited liability company:							
2. (a)	1270 Lake Washington Rd, Suite C		(b)	101 W Be	enson Blvd S	te 202		
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)		Mailing addre		-	
	Melbourne, FL 32935			Anchorage	e, AK 99503			
	5/12/2021			.21000239	607			
3.	Date of filing/registration in Florida		_	.21000237				
	AOR International, LLC	4.			Document	number		
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 3705 N Courtenay Pkwy				e:			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				_			
	Merritt Island , FI	32953 L			_			
(b)	Corporation Service Company							
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			_	,   	5.5 1.3		
	1201 Hays Street					HAS:	ي آ	e e e e e e e e e e e e e e e e e e e
	NEW Registered Office Address:				_	JE STAT	PM 1:5	
	Tallahassee , Ft	32301				ा ।		
change agent v was/we	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited like the authorized by an affirmative vote of the members of the operating agreement of the	registe ability of the li limited	ered com imite d lia	office and pany, it is ed liability	d the busine s hereby cor y company (	ess office of the street the street of the s	of the rate the	egistered change(s)
Signat	ure of a member or authorized representative of a member				Printed or ty	ped name of	signee	
provisi the obli to mere	by accept the appointment as registered agent and agrows of all statutes relative to the proper and complete igations of my position as registered agent as provide the reflect a change in the registered office address, I it is writing of this change.	ree to a perfori d for in hereby	ict ir man i Ch con	this cape ce of my d apter 605 firm that i	acity. I furth duties, and t i. F.S. Or, i the limited I	her agree I am famil f this docu iability co	to com iar wit iment i ompany	ply with the h and accept s being filed has been
	yler Gates							
Signatui	re of Registered Agent							