## L21000282868

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
(,			
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(Business Entity Name)			
(Document Number)			
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13 HUNT 27/06/24

## COVER LETTER

Division of Corporations				
AOR-CONSOR, LLC SUBJECT:				
	nited Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter	to the following:			
Kyle Creasy				
Name of Person	<del></del>			
Leisnoi, Inc.				
Firm/Company	Firm/Company  n Blvd Ste 202  Address			
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	rt notification)			
For further information concerning this matter, please of	eall:			
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.

l. Na	ame of the limited liability company: AOR-CONS	OR, LLC		
2. (a)	1270 Lake Washington Rd, Suite C		(b)_	101 W Benson Blvd Ste 202
	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	<i>r</i> :	(-)-	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Melbourne, FL 32935		-	Anchorage, AK 99503
			_	
	6/17/2021		L	L21000282868
3.	Date of filing/registration in Florida	4.		Document number
i. (a)	AOR International, LLC			
. (u)	Registered Agent and Registered Office shown on the record	ds of the Flor	ida D	Dept. of State:
	3705 N Courtenay Pkwy			<del></del>
	Registered Office Address (MUST BE FLORIDA STRI	<u>EET ADDRE</u>	: <u>SS</u> }	
	Merritt Island	32953	<del>.</del>	
	Corporation Service Company	_, r.L <u></u>		
(b)				<u> </u>
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	terea Office	<u>agore</u>	Ires:
	1201 Hays Street			SEE, FE
	NEW Registered Office Address:			53 53
	Tallahassee	, FL 32301		
hange gent v vas/we	imited liability company is not organized under the or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limite authorized by an affirmative vote of the members of organization or the operating agreement of	f the registe ed liability of ers of the lift the limited	ered comp imite d liab	d office and the business office of the registered inpany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in
Signal	ture of a member or authorized representative of a member			Printed or typed name of signee
herel rovisi ie obl mere	by accept the appointment as registered agent and ons of all statutes relative to the proper and comp igations of my position as registered agent as provely reflect a change in the registered office address.	l agree to a lete perfori vided for in s, I hereby	ct in mand Cho conf	in this capacity. I further agree to comply with the nce of my duties, and I am familiar with and accep hapter 605, F.S. Or, if this document is being filed nfirm that the limited liability company has been

Tyler Gates
Signature of Registered Agent