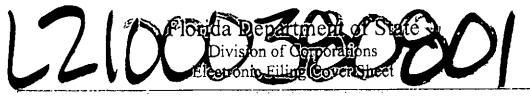
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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	Doing so will generate another cover sheet.		A SE
To:	Division of Corporations Fax Number : (850)617-6383		CRETARY OF ANASSEE, F
**Enter t	Account Name : URS AGENTS LLC Account Number : I20150000127 Phone : (800)567-4397 Fax Number : (800)567-4398 he email address for this business entity to be used for fual report mailings. Enter only one email address please.*	IALL Algues	- State Lorid 2021 O CT 11
Ema	il Address: tonyu5@yahoo.com	등. -고, -국	AM IO
	LLC REGISTERED AGENT CHANGE BIG HAT STORE-FL, LLC	ACT.	0

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

OCT 1 2 2021

S. PRATHEF

Help

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COVER LETTER

	gistration Section vision of Corporations		
SUBJECT:	BIG HAT STORE-FL, LLC		
Sobober.		of Limited Liab	oility Company
Dear Sir or	Madam:		
The enclase	ed Registered Agent/Registered Offic	te Change and fe	e(s) are submitted for filing.
Please retur	n all correspondence concerning this	matter to the fo	Howing:
Anthony (Jnderwood		
	Name of Person		•
BIG HAT	STORE-FL, LLC		
	Firm/Company		-
555 BAN`	YAN TREE LANE #208		_
	Address		-
DELRAY	BEACH, FL 33483		
	City/State and Zip Code		•
tonyu5@y	yahoo.com		
È-mai	l address: (to be used for future annu	al report notifica	ation)
For further	information concerning this matter, [olease call:	
Kathy Cla	rk	800 at (567-4397
	Name of Person		Area Code & Daytime Telephone Number
Reg Div Clii 266	REET/COURIER ADDRESS: gistration Section vision of Corporations from Building il Executive Center Circle lahassee, Florida 32301	Regis Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 thassee, Florida 32314
Enc	closed is a check for the following a	amount:	
2 9	\$25 Filing Fee	35 5	Filing Fee & Certified Copy

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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. N	ame of the limited liability company:	ORE-FL	, LLC				_	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 555 BANYAN TREE LANE #208	(b)						
	DELRAY BEACH, FL 33483		DELRAY BEACH, FL 33483					
	08/25/2021		L2100038	30801				
3.	Date of filing/registration in Florida	4.		Document number				
5. (a)	Registered Agent and Registered Office shown on the records of UNDERWOOD, ANTHONY R Registered Office Address (MUST BE FLORIDA STREET)			- E:				
	555 BANYAN TREE LANE #208 DELRAY BEACH, F	33483	 -	-	SELK TALLA	2021 OCT 11		
(b)	Enter name of NEW Registered Agent and/or NEW Registere URS AGENTS, LLC NEW Registered Office Address:	d Office add	dress:	-	RETARY OF STATE AHASSEE, FLORIDA	T 11 AM 10: 54	FILED	
	3458 LAKESHORE DRIVE			-				
	TALLAHASSEE ,FI	_{L_} 3231 <u>2</u>		_				
signs I here provis the obto nerrousses	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited I ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the latter of a member of authorized representative of a member of the appointment as registered agent and agriculture of all statutes relative to the proper and complete ligations of my position as registered agent as providingly reflect a change in the registered office address, I d'in writing of this change. Kathy Clark, Asst. Secretary ure of Registered Agent	of the regis iability co of the lim e limited l	itered office mpany, it is ited liability iability con Anthony R.	e and the business off is hereby confirmed the yeompany or as other apany. Underwood, Manage Printed or typed name of acity. I further agreed duries and Lam Lami	tice of the rihat the chan rewise provi frignee to comply	with t	he ent	