

	Fax Number	: (850)617-6383
From:		
	Account Name	: REGISTERED AGENT SOLUTIONS INC
	Account Number	: I2010000062
	Phone	: (888)705-7274
	Fax Number	: (888)706-7274
		s for this business entity to be used for future
ani	ival report maili	ngs. Enter only one email address please.**
Fma	Address:	



Electronic Filing Menu Corporate Filing Menu

T. LEMIEUX DEC 19 2023

Help

H23000428350 3

T

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: CATALYST ORLANDO HOLDINGS, 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:

Mary Castillo

Name of Person

Registered Agent Solutions, Inc.

Firm/Company

5301 Southwest Pkwy, Suite 400

Address

Austin, Texas 78735

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mary Castillo	at (888 705-7274
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	
Enclosed is a check for the following am	iount:
S25 Filing Fee	\$55 Filing Fee & Certified Copy

INHS18 (2/14)

l. Na	me of the limited liability company: CATALYS	TORL	ANDO	HOLDINGS	, LLC	
2. (a)	1085 W. MORSE BLVD.	(b) 5100 TENNESSEE AVE				
	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)			Mailing address of limited liability company; (Note: MAY BE POST OFFICE BOX)		
	WINTER PARK, FL 32789	_		ILLE, TN 32		
3. 5. (a)	Date of filing/registration in Florida REGISTERED AGENT SOLUTION Registered Agent and Registered Office shown on the records of the 155 OFFICE PLAZA DRIVE SUIT	he Florida I	<u>. </u>	ocument number		
	Registered Office Address (MUST BE FLORIDA STREET A	<u>DDRESS)</u>				
	TALLAHASSEE	32301			د. و ف	
(Ե)	Registered Agent Solutions, Inc.					
(-)	Enter name of NEW Registered Agent and/or NEW Registered (<u>.622</u> ;		 ;		
	2894 Remington Green Ln.				1 "12: 3T	
	NEW Registered Office Address:				یں ب	
	Ste. A					
		32308				

was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

/s/ Mackenzie Hibler Signature of a member or authorized representative of a member Mackenzie Hibler, Authorized Person Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605. F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of backange.

Mackenzie Hibler, Assistant Secretary

Signature of Registered Agent

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

pg 3 of 3

H23000428350 3

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED FIARIFITY COMPANY

15129570210

O 12/15/2023 2:59 PM