L22000073775

(Re	equestor's Name)				
(Address)					
(Address)					
(Address)					
(Cit	ty/State/Zip/Phone #))			
PICK-UP	WAIT	MAIL			
(D.					
(Bu	isiness Entity Name)				
(Document Number)					
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2023 SEP -8 AM 8: 59

TO: Registration Section ' Division of Corporations	
Orballo Studio, LLC SUBJECT:	
	e of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	ee Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to the following:
Maribel Muniz	
Name of Person	
Orballo Studio, LLC	
Firm/Company	
7312 SW 48th St	
Address	<u> </u>
Miami, FL 33155	·
City/State and Zip Code	
maribel@orballostudio.com	
E-mail address: (to be used for future annua	al report notification)
For further information concerning this matter, p	please call:
Maribel Muniz	786 8948507 at ()
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 a	amount:
□ \$25 Filing Fee	■ \$55 Filing Fee & Certified Copy
INHS18 (2/14)	

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: Orballo Studio,	LLC			
2. (a)		(b)			
<i>_</i> (w)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing addres	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	2/14/2022	L22	2000073775		
3.	Date of filing/registration in Florida	4.	Document	number	
5 (a)	UNITED STATES REGISTERED AGENTS, INC.				
5. (a)	Registered Agent and Registered Office shown on the records of	of the Florida De	pt. of State:		
	Registered Office Address (MUST BE FLORIDA STREET) 7312 SW 48 ST.	T ADDRESS)			
	MIAMI , F	FL		2023 SEP	
(b)	Maribel Muniz			SEP -	
(0)	Enter name of NEW Registered Agent and/or NEW Registered	ed Office addre	555:	SEP -8 AM 8: AHASSEE, FLOOR	
	NEW Registered Office Address:			8: 59 STATE	
	7312 SW 48th Street			A	
	Miami, F	FL_33155			
chang agent was/w the art	limited liability company is not organized under the le or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited tere authorized by an affirmative vote of the members cicles of organization or the operating agreement of the	aws of the Sta ne registered of liability comp s of the limited	office and the busine any, it is hereby cond liability company ility company. Crespo	ess office of the registered infirmed that the change(s) or as otherwise provided in	
Sign	ature of a member or authorized representative of a member		Printed or ty	ped name of signee	
provis the ob to mer notifie	cby accept the appointment as registered agent and as ions of all statutes relative to the proper and complet ligations of my position as registered agent as providely reflect a change in the registered office address, and in writing of this change.	gree to act in le performanc led for in Cha I hereby confi	this capacity. I furt e of my duties, and i pter 605, F.S. Or, i rm that the limited i	her agree to comply with the I am familiar with and accept f this document is being filed liability company has been	
Signati	ure of Registered Agent				

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