## L22 000095 741

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	COVER LETTER , :				
TO: Registration Section Division of Corporations	% . <u>.</u>				
ORCHID BAY REALTY LLC SUBJECT:					
	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	g this matter to the following:				
ANNIE RYAN					
Name of Person					
ORCHID BAY REALTY LLC					
Firm/Company	<del></del>				
1805 ELEUTHERA POINTE, EI					
Address	<del></del>				
COCONUT CREEK, FL. 33066					
City/State and Zip Cod	le .				
anniervanproperties@gmail.com					
E-mail address: (to be used for future	annual report notification)				
For further information concerning this mat	ter, please call:				
Annie Ryan	561 4018718 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 follow	ing amount:				

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

■ \$25 Filing Fee

## 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. Na	me of the limited liability company: Orchid Bay Realty	LLC				
2. (a)	1805 ELEUTHERA POINTE, EI		(b) 1	805 ELEUTHE	RA POIN	TE, EL
<b>.</b> . (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_	(0)_	_	-	f limited liability company:  E POST OFFICE BOX)
	COCONUT CREEK, FL. 33066	_	_ C	OCONUT CRE	EK, FL. 3	33066
	3/35/2022	<del></del>	L22	20000955741	L2	120000 9574
3.	Date of filing/registration in Florida 3/25/2022	4.		Docu	ment nur	nber
5. (a)	Registered Agent and Registered Office shown on the records of the ANNIE RYAN	pt. of State:				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 1209 BAHAMA BEND					7,023
	COCONUT CREEK	33066	'	*******		7023 JAN -3
(b)	Enter name of <u>NEW Registered Agent</u> and or <u>NEW Registered</u> 1805 ELEUTHERA POINTE, E1 <u>NEW Registered Office Address:</u>	addre	<u>n</u> :		AHII: 52	
	COCONUT CREEK, EI FL	33066	+			
change agent was/we the arti Signal I herei provisi the oblito merei	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the law of a member or authorized representative of a member by accept the appointment as registered agent and agree is a fall statutes relative to the proper and complete proper and complete registers of my position as registered agent as provided left reflect a change in the registered office address. I had in writing of this change.	regist bility f the I imite A er to coerfor for in	ered c comp imited d liab nnie R nct in manc n Cha	office and the lany, it is hereid liability company by an Printe this capacity, a of my duties of my duties of F.S.	business of by confinence of a confinence of a confinence of a confinence of the con	office of the registered med that the change(s) as otherwise provided in name of signee agree to comply with the is document is being filed
	e of Registered Agent					