## han 0000 238745

(Re	equestor's Name)	
(Ad	ddress)	
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TALLAHASSEE, FLORIDA

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## **COVER LETTER**

INHS18 (2/14)

	Registration Section Division of Corporations		
SUBJEC	ORLANDO MAGICAL RIDES I	LLC	
		ame of Limited Lia	ability Company
Dear Sir	or Madam:		
The enclo	osed Registered Agent/Registered C	Office Change and f	ec(s) are submitted for filing.
Please re	turn all correspondence concerning	this matter to the fo	ollowing:
_LAIĻA T	EMSAMANI		
	Name of Person		<del></del>
ORLAND	OO MAGICAL RIDES LLC		
	Firm/Company		_
12905 LC	OS ALAMITOS CT		
	Address		_
ORLAND	OO FL 32837		
	City/State and Zip Code	;	_
Lailatems	amani@gmail.com		
E-m	nail address: (to be used for future a	nnual report notific	ation)
For furthe	er information concerning this matt	er, please call:	
LAILA T	EMSAMANI	321 at (	682-0525
	Name of Person		Area Code & Daytime Telephone Number
<u> </u>	Mailing Address:		Street Address:
	Registration Section		Registration Section
	Division of Corporations		Division of Corporations
	P.O. Box 6327		The Centre of Tallahassee
T	allahassee, FL 32314		2415 N. Monroe Street, Suite 810
			Tallahassee, FL 32303
E	Inclosed is a check for the followi	ng amount:	
	\$25 Filing Fee	<b>□</b> \$55	5 Filing Fee & Certified Copy

## STÅTEMENT 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	ame of the limited liability company: ORLANDO M	AGICAL R	UDI	ES LLC					
2. (a)	-		12905 LO	S ALAMITOS	C7				
2. (u)	Principal office address of limited liability company:  **Sote: MUST BE STREET ADDRESS**)	(	, <u> </u>		Mailing address of (Note: MAY B.		-		:
	ORLANDO FL 32837		(	DRLAND	O FL 32837				
		<del></del>							
	05/22/2022		L2	2000238	745				
3.	Date of filing/registration in Florida	4.			Document nur	mber			
5. (a)	OMAR ELMOULAKATE								
(,	Registered Agent and Registered Office shown on the records	of the Florid	ia I)	ept. of Stat	e;				
	12905 LOS ALAMITOS CT								
	Registered Office Address	ET ADDRES	<u>'3)</u>		-				
	ORLANDO	FL_32837			<del>-</del> -		MILAHÁSSES.	2022 J	
<del>(</del> 5)	LAILA TEMSAMANI						ikssi	UN 27	
	Enter name of NEW Registered Agent and/or NEW Register	red Office a	ddn	e <u>ss</u> :			EE FLOR	2022 JUN 27 PM 2:	; ; ; ;;
	NEW Registered Office Address:				_		Ĩ.	3 <b>9</b>	
	12905 LOS ALAMITOS COURT				_				
	ORLANDO ,	FL_32837			<del>-</del>				
change agent v was/we	imited liability company is not organized under the cor changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of organization or the operating agreement of the control	the register liability of s of the lin	red omp nite	office an pany, it is d liabilit	d the business of the business	office of med that	the reg	istered ange(s	3 :)
		- LA	ILA	TEMSA	MANI				
Signa	nure of a member or authorized representative of a member				Printed or typed	name of s	ignœ		
provisi the obt to mer	by accept the appointment as registered agent and a ions of all statutes relative to the proper and comple ligations of my position as registered agent as provic ely reflect a change in the registered office address, d in writing of this change.	igree to ac le perform ded for in I hereby c	t in nanc Che conf	this cap ce of my c ipter 605 irm that	acity. I further duties, and I ar 5, F.S. Or, if th the limited liab	agree to m familia is docun pility con	o comply or with a nent is b opany h	y with and ac eing f as bee	the scept filed n

Signature of Registered Agent