

L22000424559

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

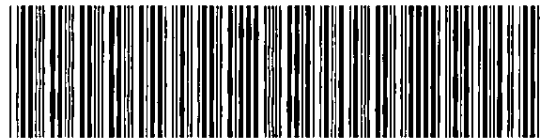
(Business Entity Name)

(Document Number)

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10/16/23--01019--006 \*\*35.00

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2023 OCT 16 AM 9:11

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NOV -2 2023

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ORANGE ELEPHANT HOMES, LLC  
Name of Corporation

**DOCUMENT NUMBER:** L22000424559

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

SKYE SEVIN

Name of Contact Person

ORANGE ELEPHANT HOMES, LLC

Firm/Company

9 OLD KINGS ROAD SUITE 123

Address

PALM COAST FL 32137

City/State and Zip Code

skye@provisioninvest-herhomes.org

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

For further information concerning this matter, please call:

SKYE SEVIN

Name of Contact Person

at (386

) 601-8765

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in 2023 OCT 16 at 9:12 AM.

1. The name of the corporation: ORANGE ELEPHANT HOMES, LLC
2. The principal office address: 9 OLD KINGS ROAD SUITE 123  
PALM COAST FL 32137
3. The mailing address (if different): 9 OLD KINGS ROAD SUITE 123 #1080 PALM COAST FL 32137
4. Date of incorporation/qualification: 10/11/2022 Document number: L22000424559
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

ANDERSON REGISTERED AGENTS, INC.

625 E. TWIGGS STREET SUITE 110

TAMPA, FL 33602

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

SKYE SEVIN

9 OLD KINGS ROAD SUITE 123

P.O. Box NOT acceptable

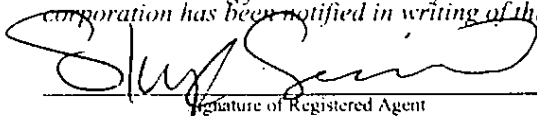
PALM COAST FL 32137

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

_____ Signature of an officer or director	<u>SKYE SEVIN, MGR</u> _____ Printed or typed name and title
--	--

*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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
\_\_\_\_\_  
Signature of Registered Agent

10/11/2023

\_\_\_\_\_  
Date

If signing on behalf of an entity:

SKYE SEVIN

\_\_\_\_\_  
Typed or Printed Name

**\*\*\* FILING FEE: \$35.00 \*\*\***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (04/13)