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Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations | | | | |
|--|---|---------|-------------|--|
| SUBJECT: GRILL CRANINGS OF ORION Name of Limited Lin | | | _ | |
| 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 f | ollowing: | | | |
| Christing Cannon Name of Person | | | | |
| Firm/Company | | | | |
| 1620 Sperbouene St. Address | | çn | 20 | |
| Winter Gardon, Fl 34787 City/State and Zip Code | _ | SEE SEE | 24 FEB | |
| Christing. Cannon 121 @ amail. Cor E-mail address: (to be used for future annual report notific | <u>Y)</u> cation) | | 16 AH 8: 57 | |
| For further information concerning this matter, please call: | | 171 | 57 | |
| Christing Cannon at (407) Name of Person |) L 09 - L 654 Area Code & Daytime Telepho | ne Numb | – oer | |
| 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, Suit Tallahassee, FL 32303 | te 810 | | |
| Enclosed is a check for the following amount: | | | | |
| S25 Filing Fee S5 | 5 Filing Fee & Certified Copy | | | |
| INHS18 (2/14) - PREPAIO | | | | |



February 1, 2024

CHRISTINA CANNON 1620 SHERBOURNE ST WINTER GARDEN, FL 34787

SUBJECT: GRILL CLEANINGS OF ORLANDO LLC

Ref. Number: L22000458395

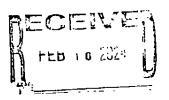
We have received your document for GRILL CLEANINGS OF ORLANDO LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing Operations Manager A



Letter Number: 324A00002240

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:G2]] CK | eanings c | of Orland | 10 LLC | · |
|---|--|---|--|--|--|
| 2. (a) | Gell Chanings of Orlando UC | (b) | - Sams |) | |
| () | Principal office-address of limited liability company: (Note: MUST BE STREET ADDRESS) | | Mailing address of (Note: MAY BE | limited liability | |
| | 1620 Shelboulne St. | | - Samo | <u> </u> | |
| | Winter Gardon, FL 34787 | | e-Samo |) | |
| | 10/25/2022 | L2 | | 8395 | |
| 3. | Date of filing/registration in Florida | 4. | Document nun | ıber | |
| 5. (a) | Christina Cannon | 1 - F1 - 1 - D 6C | | | |
| | Registered Agent and Registered Office shown on the records of the Control of the Registered Office Address [MUST BE FLORIDA STREET A | ouc | | | |
| | 2327 Mid Town Ter Apr | + 1525 | | | |
| | Optondo | 32839 | | | |
| (b) | Christing Cannon Enter name of NEW Registered Agent and/or NEW Registered | Office address: | _ | 2024 FEB 16 SECRETARY TALL ANA | T) |
| | NEW Registered Office Address: | | | | m |
| | 1620 Sheebouene St. | | | 8: 51 5: FE | O |
| | Winter Gardon .FL | 34787 | | 7 | |
| change agent v was/we the arti | 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 cless of organization or the operating agreement of the lutter of a member or authorized representative of a member | registered office a bility company, if the limited liability company. | and the business of the is hereby confirmed or a company or a company. Printed or typed | office of the med that the is otherwise have of signee | registered change(s) provided in |
| provisi the obl to mere | by accept the appointment as registered agent and agro ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I h | performance of m I for in Chapter 6 | w auties, and 1 an 05, F.S. Or, if thi | n jamuuar wi is document | in ana accepi is being filed |

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

Signature of Registered Agent