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(((H23000426130 3)))



H230004261303ABCV

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Fax Number : (813)436-5206

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er the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

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LLC REGISTERED AGENT CHANGE ORFALI INDUSTRIES LLC

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RESENT 1/5/2024

Electronic Filing Menu Corporate Filing Menu

K. Brumble;

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 hability 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: Orfali Industries L	-LC			····		
2. (a)	Principal office address of limited liability company: Mailing address of limited liability company:						
	(Note: MUST BE STREET ADDRESS)		(Note: MAY)				
					•		
	01/09/2023	L23000	018804				
3.	Date of filing/registration in Florida	4.	Document nu	ımber			
5. (a)	UNITED STATES CORPORATION AGENTS, INC.						
	Registered Agent and Registered Office shown on the records of	the Florida Dept. o	t State.				
	476 RIVERSIDE AVE.						
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)					
	JACKSONVILLE , FL	32202		<u>-</u>	2		
(b)	Registered Agents Inc			•	024 J		
(1/)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address		- •	20- NVC 4202 1-15-3	APPR	
	7901 4th St N						
	NEW Registered Office Address:				;; ≖	:	
	STE 300				: 21		
	St. Petersburg , FI	33702					
the cha agent v was/wa the arti	imited liability company is not organized under the laringe or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lierce authorized by an affirmative vote of the members cales of organization or the operating agreement of the	I the registered of ability company of the limited lia limited liability	office and the busing it is hereby confidently company or company.	ness office or rmed that th	of the registence change (s)	ered)	
Signa	ture of a member of authorized representative of a member	Robin Jones	Printed or types	I name of sign	ee		
I here, provisi the obl to mere	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I fin writing of this change.	rce to act in this performance of d for in Chapter hereby confirm :	canocity Hinthe	r daree to e	zamento with	the cept iled n	
	— David Roberts - Assistant Si	ecretary					
Signatu	re of Registered Agent						