

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000173144 3)))



H230001731443ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations Fax Number : (850)617-6383

From:

| Account Name | : | INCFILE.COM LLC |
|----------------|---|-----------------|
| Account Number | : | 120220000070 |
| Phone | : | (888)462-3453 |
| Fax Number | : | (877)919-2613 |

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

| ail Address: | | | |
|-----------------------|---|-----|--------|
| | LLC REGISTERED AGENT CHANGE TALON ORANGE LLC | | |
| Certificate of Status | 0 | · - | |
| Certified Copy | 0 | - | · |
| Page Count | 02 | | ± ∿ |
| Estimated Charge | \$25.00 | | ພ |

Help

Page: 1/3

COVER LETTER

* ; (((H23000173144 3)))

. :

ê

TO: Registration Section Division of Corporations

TALON ORANGE 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 this matter to the following:

LOVETTE DOBSON

Name of Person

INCFILE.COM LLC

Firm/Company

17350 STATE HWY 249 #220

Address

HOUSTON, TEXAS 77064

City/State and Zip Code

EFILE1234@INCFILE.COM

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

For further information concerning this matter, please call:

LOVETTE DOBSON 888 462-3453 atí Area Code & Daytime Telephone Number Name of Person Street Address: Mailing Address: **Registration Section** Registration Section Division of Corporations **Division of Corporations** The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 Tallahassee, FL 32303

Enclosed is a check for the following amount:

S25 Filing Fee

S55 Filing Fee & Certified Copy

INHS18 (2/14)

(((H23000173144 3)))

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY (((H23000173144 3)))

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. N | ame of the limited liability company: | GELLC | |
|--|---|---|---|
| ? (a) | | (b | 9 |
| 2. (a) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | (0 | b) |
| | 11308 HEARTH CT | | 11308 HEARTH CT |
| | GREAT FALLS, VA 22066 | | GREAT FALLS, VA 22066 |
| | 04/24/2023 | | L23000200947 |
| 3. | Date of filing/registration in Florida | 4. | Document number |
| 5. (a |) | | |
| J. (a |) Registered Agent and Registered Office shown on the records o MANISHA D PATEL | of the Florida | a Dept. of State: |
| | Registered Office Address (MUST BE FLORIDA STREE) | ADDRESS | <u></u> |
| | 11308 HEARTH CT | | 20 |
| | GREAT FALLS | 22066 | 2073 HAY |
| | GREAT FALLS, F | ·L | |
| (b | | | |
| (0 | Enter name of NEW Registered Agent and/or NEW Registered | ed Office ad | tdress: |
| | REPUBLIC REGISTERED AGENT LLC | | |
| | | | دى |
| | <u>NEW</u> Registered Office Address: 1150 Nw 72nd Ave Tower I Ste 455 | | (د) |
| | | | |
| | Miami, F | FL | |
| chang agent was/v the an Sign I her provi the o. to me notifi | limited liability company is not organized under the lage or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the member of a member or authorized representative of a member | aws of the ne registered liability co s of the limited | e State of Florida, it is hereby confirmed that after the red office and the business office of the registered ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in |
| | Division of Corporations + P.O | | |
| | FILING | FEE: \$25 | 5.00 (((H23000173144 3))) |