10/31/23, 11:48 AM

Division of Corporations

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(((H23000378633 3)))



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From:

Account Name : BUSINESS FILINGS

Account Number : 105256001620 Fax Number

Phone : (608)827-5300 : (608)827-5501

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

Email Address: Tloganchaffin@gmail.com

## LLC REGISTERED AGENT CHANGE ORANGEBIRD PROPERTIES LLC

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D=0 - 8 2023

ج:

From: Alexis Gregor

Fax Audit # H23000378633 3

## 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.

I. Name of the limited liability company: Orangebird Properties LLC						
2	(a)	16631 Harbor Sail Way		(b)	16631 Harbor Sail W	/ay
	(**) .	Principal office address of limited liab			-	s of limited liability company:
		(Note: MINI BE STREET AD	(UKE35)		Winter Garden, Flori	T BE POST OFFICE BOX
		Winter Garden, Florida 34787			White Galden, Flori	Ga 34/8/
		6/12/2023			L23000283685	
3.		Date of filing/registration in	Florida	4.	Document	number
5	(a)	BUSINESS FILINGS INCORPORA	TED			
•••		Registered Agent and Registered Office show	n on the records of the	Florida	Dept. of State:	
		1200 SOUTH PINE ISLAND ROAD				
Registered Office Address OMVST BE FLORIDA STREET ADDRESS						
						•
		PLANTATION	FL	33324		;
	æ	Timothy Chaffin				-
	(b) .	Enter name of NEW Registered Agent and/or NEW Registered			lress:	
		16631 Harbor Sail Way				 D
		NEW Registered Office Address:				
					<del></del> _	
		Winter Garden	, FL_	34787	·····	
the ag wa the	cha ent w is/ive arti	mited liability company is not organizage or changes are made, the Florida will be identical. Or, in the case of a Fire authorized by an affirmative vote of cles of organization or the operating a	street address of t lorida limited liab of the members of greement of the l	he regis bility co the lim imited l	stered office and the bi impany, it is hereby co ited liability company inbility company. ary Chaffin, Manager	usiness office of the registered onfirmed that the change(s) or as otherwise provided in
		ture of a member of ulhorized representative		£3.		yped name of signee
pr th to no	here ovisi e obi mer otifie	by accept the appointment as register ions of all statutes relative to the proping in the proping and the proping in the registered of the proping in the registered of the proping of the change.	ed agent and agree of and complete p gent as provided glice address, I ha Timothy Chaff	o to act perform for in C araby co	in this capacity. I fin ance of my duthes, and Thapter 605, F.S. Or, onfirm that the limited	ther agree to comply with the I am familiar with and accept if this document is being filed Tiability company has been
Š	່ອນສາເ	the of Registered Actual				

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