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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

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

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

Email Address:\_

## LLC REGISTERED AGENT CHANGE PROACTIVE HYDRATION LLC

Certificate of Status	0
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Page Count	02
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## 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:	ORATION LLC	
2. (a)		(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Nate: MAY BE POST OFFICE BOX)
	07/30/23		00359651
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	DELEON VICTORIA I	.,	Doedness Halloci
	Registered Agent and Registered Office shown on the records of	t the Florida Dept.	of State.
	Registered Office Address	ADDRESS)	
	635 HONEY BELL RD		217
	WINTER HAVEN F	33880	;
	Registered Agents Inc  Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :		
	7901 4th St N		<u>:</u>
	NEW Registered Office Address.		<del></del>
	STE 300		
	St. Petersburg	33702 L	
the cha agent v was/wo the arti	imited liability company is not organized under the lainge or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	iws of the State If the registered lability compan of the limited li	of Florida, it is hereby confirmed that after office and the business office of the registered by, it is hereby confirmed that the change(s) lability company or as otherwise provided in by company.
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee
provisi the obl to mere	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address. I kin writing of this change.  David Roberts - Assistant S	e performance of ed for in Chapta hereby confirm	is capacity. I further agree to comply with the of my duties, and I am Jamiliar with and accept in 605, F.S. Or, if this document is being filed a that the limited liability company has been
	te of Remotered Agent	ecretary	