## 123000511089

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(D
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.





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## **COVER LETTER**

10:	Division of Corporations		
	WILD ORCHID HOME WATCH SERVI	CES, LLC	
SUBJE			
	Name o	f Limited L	liability Company
Dear Si	r or Madam:		
The enc	elosed Registered Agent/Registered Office (	Change and	fee(s) are submitted for filing.
Please n	return all correspondence concerning this m	atter to the	following:
KIMBEI	RLY SMITH		
	Name of Person	<del></del>	_
O CLIIW	DRCHID HOME WATCH SERVICES, LLC		
	Firm/Company	<u></u>	_
4070 1S	T AVE SW		
	Address		<del></del>
NAPLES	S, FL 34119		
	City/State and Zip Code		
KASMI	TH9833@GMAIL.COM		
E-	mail address: (to be used for future annual	report notif	ication)
For furt	her information concerning this matter, plea	ase call:	
KIMBEI	REY SMITH	765	499-0217
<del></del>	Name of Person	ıt (	)
	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, Suite 810 Tallahassee, FL 32303
	Enclosed is a check for the following am	ount:	
	■ \$25 Filing Fee	<b>□</b> \$.	55 Filing Fee & Certified Copy
INHS18	(2/14)		

## 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.

	070 1ST AVE SW, NAPLES, FL. 34119		070 IST AVE SW, NAPLES, FL. 3411
_	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
11	1/10/2023	1.23	000511088
	Date of filing/registration in Florida ENBUSINESS INC.	4.	Document number
	egistered Agent and Registered Office shown on the record 36 E COLLEGE AVE, STE 301	s of the Florida Dep	pt. of State:
R	Registered Office Address	ET ADDRESS)	<u></u>
ī	ALLAHASSEE	32301 FL	
KI	IMBERLY SMITH	- *** <u> </u>	
Er	nter name of NEW Registered Agent and/or NEW Register	ered Office addres	<u> </u>
4	070 IST AVE SW		<del>-</del> '.
N	NEW Registered Office Address:		
- N	SAPLES	34119 FL	
e or wi) e <b>r</b> e	ited liability company is not organized under the rehanges are made, the Florida street address of a Florida. Or, in the case of a Florida limited authorized by an affirmative vote of the members of organization or the operating agreement of	the registered of I liability composers of the limited the limited liabi	ffice and the business office of the registered any, it is hereby confirmed that the change(s) I liability company or as otherwise provided lity company.  RLY SMITH
	e of a member or authorized representative of a member		Printed or typed name of signee
. <b>.</b>	e of a member or authorized representative of a member accept the appointment as registered agent and is offall statutes relative to the proper and completions of myposition as registered agent at proving the properties of the properties of the province and restricted agent at proving the province and the provi	agree to act in i eie performance ided for in Chaj , I hereby confil	drive acceptant of the second

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