24000012952

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COVER LETTER

TO: Registration Section Division of Corporations	
TRT Orlando MSO, LLC SUBJECT:	
	Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office C	hange and fee(s) are submitted for filing.
Please return all correspondence concerning this ma	itter to the following:
Paula Barnett	
Name of Person	
Pino Law Group PLLC	
Firm/Company	
P.O. Box 1750	
Address	
Winter Park, FL 32790	
City/State and Zip Code	
paula@pinolawgroup.com	
E-mail address: (to be used for future annual r	eport notification)
For further information concerning this matter, plea	se call:
Paula Barnett	407 425-7831
Name of Person	Area Code & Daytime Telephone Number
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 amo	ount:
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

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.

L. N	ame of the limited liability company: TRT Orlando M	SO, LLC	
2. (a)	99 S. New York Ave., Winter Park, FL 32789	(b)	99 S. New York Ave., Winter Park, FL 32789
z. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BON)
3.	January 4, 2024 Date of filing/registration in Florida	 し 4.	24000012952 Document number
٥.	Jonathan Schwartz	ч.	Document number
5. (a)	Registered Agent and Registered Office shown on the records o	f the Florida D	
	Registered Office Address (MUST BE FLORIDA STREET	2021 S TA	
	99 S. New York Ave.		
	Winter Park, F	32789	2024 APR -1 AI
	•	<u> </u>	
(b)	Enter name of NEW Registered Agent and/or NEW Registere Laurence J. Pino, P.A. NEW Registered Office Address:		
	F	L	
chang agent was/w	limited liability company is not organized under the la e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited le were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	e registered iability com of the limite e limited lia	office and the business office of the registered pany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in bility company.
Sten	ature of a member or authorized representative of a member	Laurei	Printed or typed name of signec
I here provis the ob to mer	when the appointment as registered agent and agent and agent and agent and agent and agent and somplete distances of my position as registered agent as provide the reflect a change in the registered office address, I writing of this change.	o nerforman	n this capacity. I further agree to comply with the
Signat	ure of Registered Agent		
)		

Division of Corporations ● P.O. Box 6327 ● Tallahassee, FL 32314 F1LING FEE: \$25.00