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COVER LETTER

TO: Registration Section Division of Corporations	
Oryx, LLC SUBJECT:	
	of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.
Please return all correspondence concerning this r	matter to the following:
Richard G Moore	
Name of Person	
Firm/Company	
3722 SW 82 Street	
Address	,
Gainesville, FL 32608	
City/State and Zip Code	·
rickmoorepe@aol.com	
E-mail address: (to be used for future annual	l report notification)
For further information concerning this matter, plo	lease call:
	352 284 6300 at ()
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 an	nount:
■ \$25 Filing Fee	\$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.

1. N	ame of the limited liability company: Oryx, LLC			<u> </u>	
2. (a)	3722 SW 82 Street		(b) P O Box 884		
~. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited li (Note: MAY BE POST O	
	Gainesville, FL 32608		Tioga, Flo	orida 32669	
	01/04/2024		L24000059	732	
3.	Date of filing/registration in Florida	4.	_ 	Document number	
5. (a	Richard G Moore				
	Registered Agent and Registered Office shown on the records of 115 SW 140 Terrace	the Flori	da Dept, of Sta	te:	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			_	787. 57.
	Newberrry , FL	32669			77 74 13 (4)
(b)	Richard G Moore				₩ (19) 19 (19)
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office 2	<u>iddress</u> :	_	5
	3722 SW 82 Street				1
	NEW Registered Office Address:			_	
	Gainesville	32608		_	
chang agent was/w the aff	limited liability company is not organized under the lave or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liavere authorized by an affirmative vote of the members of icles of organization of the operating agreement of the ature of a member or authorized representative of a member	vs of the registe ability of the li	red office an company, it i mited liabilit	nd the business office of is hereby confirmed that ty company or as otherw mpany.	the registered the change(s) vise provided in
provis the ob to men notifie	thy accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provided elyroflect a change in the registered office address. If a din writing of this change were the change are of Registered Agent	ec to ac perform l for in iereby (et in this cap nance of my Chapter 60; confirm that	acity. I further agree to duties, and I am familia 5, F.S. Or, if this docum the limited liability com	o comply with the r with and accept tent is being filed spany has been