## L24000241257

(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
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(Business Entity Name)					
(Document Number)					
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## LAW OFFICE OF MITCHELL I. FRIED Attorney and Counselor At Law

283 Cranes Roost Blvd. Suite # 111 Altamonte Springs, Florida 32701

Phone 407-682-1331 Fax 407-682-2011

Admitted to Practice in Florida and New York

Business Law - Probate Real Estate - Personal Injury

E-Mail: mfriedlaw@gmail.com

Web: www.mfriedlaw.com

June 11, 2024

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Sparrow Orlando, LLC

Registered Agent/Registered Office Change

Document Number L24000241257

By Priority Mail # 9405830109355104075360

Dear Clerk:

I am submitting the enclosed executed Registered Agent/Registered Agent form and fee in the amount of \$25.00 for filing. We are requesting that the address of the registered agent be changed on the records of the Florida Department of State.

If you have any questions you may contact the undersigned at the following:

Law Office of Mitchell I. Fried 283 Cranes Roost Boulevard, Suite 111 Altamonte Springs, FL 32701

Telephone: 407-682-1331

Email: mfriedlaw@gmail.com

Yours truly,

Mitchell I. Fried

encs.

## 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: SPARROW OR	LANDO,	LLC	
2. (a)		•	(b)	
(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		· · · · · · · · · · · · · · · · · · ·	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	821 N. ORANGE AVENUE		821 N. C	DRANGE AVENUE
	ORLANDO, FLORIDA 32801		ORLAN	DO, FLORIDA 32801
	MAY 24, 2024		L2400024	31257
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	)			
	Registered Agent and Registered Office shown on the records of	of the Flori	da Dept. of St	tate:
	JASON CHIN	<u> </u>		
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRES	<u>(22)</u>	
	810 N. ORANGE AVENUE			
	ORLANDO , F	aL 32801		2024 Jt.
	,			<del>۔</del> ک
(b)				
	Enter name of NEW Registered Agent and/or NEW Register	ed Office a	ddress:	- 1 
	JASON CHIN			1.1 20 1.1
	NEW Registered Office Address:			
	821 N. ORANGE AVENUE			_
				_
	ORLANDO, I	FT_32801		
chang agent was/w	limited liability company is not organized under the le or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	aws of the ne registe liability of s of the li	red office a company, it mited liabil	and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in
		, manager		
Sign	ature of a member or authorized representative of a member			Printed or typed name of signee
provis the ob to men	by accept the appointment as registered agent and a tions of all statutes relative to the proper and complet ligations of my position as registered agent as provid rely reflect a change in the registered office address, and in writing of this change.	gree to a le perfori led for in I hereby	ct in this ca nance of m Chapter 60 confirm tha	pacity. I further agree to comply with the y duties, and I am familiar with and accep 05, F.S. Or, if this document is being filed at the limited liability company has been
Signat	ure of Respected Agent			

X