L24000310292

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COVER LETTER

	gistration Section vision of Corporations	•			
SUBJECT	LITTLE ORCHID MEDIA LLC				
	Name of Limited Liability Company				
Dear Sir or	Madam:				
The enclose	ed Registered Agent/Registered Office Ch	ange and fee(s) are submitted for filing.			
Please retu	rn all correspondence concerning this matt	ter to the following:			
Adam Sault	ters				
	Name of Person				
ZenBusines	ss Inc.				
	Firm/Company				
336 E. Colle	ege Ave. Suite 301				
	Address				
Tallahassee	, FL 32301				
	City/State and Zip Code				
ra@zenbusi	iness.com				
E-ma	il address: (to be used for future annual rep	port notification)			
For further	information concerning this matter, please	e call:			
Adam Sault	ters at (493-6249			
	Name of Person	Area Code & Daytime Telephone Number			
Re Di P.C	ailing Address: egistration Section vision of Corporations O. Box 6327 Ilahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, Fl. 32303			
En	closed is a check for the following amou	int:			
	☐ \$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. Na	ame of the limited liability company: LITTLE ORCHI	D MEI	DIA LLC	
2. (a)	1163 FALLING PINE CT		(b) 116	53 FALLING PINE CT
(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(8)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	WINTER SPRINGS, FL 32708		WI	NTER SPRINGS, FL 32708
	07/11/2024	<u> </u>	1.240	000310292
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	VANDERBILT, MARIA			
• ,	Registered Agent and Registered Office shown on the records of 1163 FALLING PINE CT	the Flo	rida Dept.	of State:
	Registered Office Address (MUST BE FLORIDA STREET	ADDR	ESS)	
	WINTER SPRINGS, FI	32708	}	FILE PILE
(b)	ZenBusiness Inc.			ES-2 H
()	Enter name of NEW Registered Agent and/or NEW Registered Office address:			一一一一一一一
	336 E. College Ave. Suite 301			ED ED
	NEW Registered Office Address:			•
	Tallahassee, FI	3230		
change agent v was/w	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members coles of organization or the operating agreement of the	e regist ability of the	ered off compan limited l	fice and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in
75/ WARIA VARIDERBIET			'ANDER	RBILT, MARIA
	ture of a member or authorized representative of a member			Printed or typed name of signee
provisi the obl to mer	by accept the appointment as registered agent and aging ons of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I if in writing of this change.	ree to o perfoi ed for i hereby	act in thi mance on Chapto confirm	is capacity. I further agree to comply with the of my duties, and I am familiar with and accept er 605, F.S. Or, if this document is being filed in that the limited liability company has been
Signatu	re of Registered Agent			

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