DOCUMENT # M00000002525 1. Entity Name ORLANDO PARTNERS ONE, LLC Principal Place of Business Same As Mail. of Graph State Tulinnapolis, Tulinnapolis, Tuling Address Larth Properly Graph Suite, Apt. #, etc. 9777 N. College Ave Suite, Apt. #, etc. 9777 N. College Ave Suite, Apt. #, etc. 1. Fel Number 35-2/15286 Tulinnapolis Tuling Address City & State Tulinnapolis Tuling Address City & State Tulinnapolis Tuling Address City & State Tulinnapolis Tuling Address Suite, Apt. #, etc. 977 N. College Ave City & State Tulinnapolis Tuling Address Suite, Apt. #, etc. 977 N. College Ave City & State Tulinnapolis Tuling Address City & State Tulinnapolis Tuling Address City & State Tuling Address City & State Tulinnapolis Tuling Address Suite, Apt. #, etc. 977 N. College Ave Tulinnapolis Tuling Address City & State Tulinnapolis Tuling Address Tulinnapolis Tuling Address City & State Tulinnapolis Tuling Address Tulinnapolis Tuling Address City & State Tulinnapolis Tuling Address Tulinnapolis Tuling Address City & State Tulinnapolis Tuling Address Tulinnapolis Tuling Address City & State Tulinnapolis Tuling Address Tulinnapolis Tuling Address City & State Tulinnapolis Tulinnapolis Tuling Address City & State Tulinnapolis Tulin
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5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
Name
CT Corporation System
1200 South Pine Island Road Street Address (P.O. Box Number is Not Acceptable)
Plantation, FL 33324
City FL Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
CICALATUDE
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE
FILE NOW!!! FEE IS \$50.00 Make:Check: Rayable to Department of State
9. MANAGING MEMBERS/MEMBERS 10. ADDITIONS/CHANGES
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatio indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the
limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.
SIGNATURE: 2/13/e/