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1.

COVER LETTER

TO: **Registration** Section **Division of Corporations**

Richelson Enterprises, LLC SUBJECT: _____

N

Name of Limited Liability Company

Dear Sir or Madam:

.

:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Eric Richelson

Name of Person

Richelson Management

Firm/Company

10 New King Street - Suite 209

Address

White Plains, NY 10604

City/State and Zip Code

ericrichelson@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

681-1337
Area Code & Daytime Telephone Number
<u>Street Address:</u> 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 amount:

□ \$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.

1.	N	ame of the limited liability company:	orises, LLC	
2.	(a)		(b)	
	. ,	Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		10 New King Street - Suite 209		
		White Plains, NY 10604		
		02/07/2001	M010	00000305
3.		Date of filing/registration in Florida	4.	Document number
5.	(a)	B&C CORP. SERVICES OF CENTRAL FL., INC		
	()	Registered Agent and Registered Office shown on the records of	f the Florida Dept. (of State:
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		
		390 NORTH ORANGE AVENUE, STE. 1100		207
		ORLANDO, FL, FI	32801	International and the second s
				19 19
	(b)	Enter name of NEW Registered Agent and/or NEW Registered		
		End hand of the or negative deem and or the or Registered	<u>i Onice address</u> ;	
		Bridget Michalko		
		NEW Registered Office Address:		Θrī ω
		247 Harbor Court		
		Winter Garden	34787	
ch ag wa tho	ange ent v s/we arti	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited li- bere authorized by an affirmative vote of the members of cless of organization or the operating agreement of the member of a member or authorized representative of a member by accept the appointment as registered agent and agr ans of all statutes relative to the proper and complete and statutes relative to the proper and complete	registered offic ability company of the limited lia limited liability Eric Richel	ce and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in y company. son Printed or typed name of signee
the to no	e obl mere tifiee	by accept the appointment as registered agent and agent ons of all statutes relative to the proper and complete ignitions of my position as registered agent as provide by reflect a change in the registered office address. I fin writing of this change.	for in Chapte, d for in Chapte, hereby confirm	r 605, F.S. Or, if this document is being filed that the limited liability company has been

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Signature of Registered Agent

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