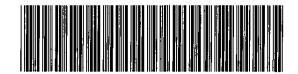
1107000005143

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificate	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



900136931499

10/17/08--01017--020 **25.00

SECRETARY OF STATE OWNSION OF CORPORATION

J. BRYAN

OCT 2 0 2008

EXAMINER

COVER LETTER

Division of Corporations				
SUBJECT: Orange Street Property (Name			ent, LLC ability Company)	0
•				
Dear Sir or Madam:				
The enclosed Registered Agent/Registered	Office	Change	e and fee(s) are submitted for filing.	
Please return all correspondence concernin	g this r	natter to	o the following:	
Patricia Mavrakis				
(Name of Person)				0 NATO
				Sio Sio
Orange Street Property Management, LLC				工器
(Firm/Company)				OB OCT 17 AM 11: 44
				무 꼭위
611 Druid Rd E, Suite 401	•	**		ORPORATIONS
(Address)				-
				= 5
Ol FL 00750	•			
Clearwater, FL 33756 (City/State and Zip Code)			<u> </u>	
(City/State and Zip Code)				
For further information concerning this ma	tter, ple	ease cal	!:	
Patricia Mavrakis	at (_	727) 441-3474	_
(Name of Person)		(Area	Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS:			AILING ADDRESS:	
Registration Section	Registration Section			
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327			
2661 Executive Center Circle	Tallahassee, Florida 32314			
Tallahassee, Florida 32301	** **	·		
Enclosed is a check for the following	ing am	ount:		
☑ \$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 608.416 or 608.508, 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. Name of the limited liability company: Orange S	treet Property Management, LLC
2. (a) Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	any: 611 Druid Rd E Suite 401 Clearwater, FL 33756
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	PO Box 2256 Clearwater, FL 33757-2256
00/00/007	080
08/22/2007 3. Date of filing/registration in Florida	M07000005143 4. Document number
3. Date of fining/registration in Fiorida	- 22 E
5. (a) Registered Agent and Registered Office shown of	on the records of the Florida Dept. of State: Michael Boesch
Registered Agent:	Michael Boesch
Registered Office Address:	1816 Wood Thrush Way Palm Harbor, FL 34683
NEW Registered Agent:	Michael Boesch
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	611 Druid Rd E Suite 401
	Clearwater,FL_33756
If the limited liability company is not organized under the that after the change or changes are made, the Florida stroffice of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles limited liability company.	reet address of the registered office and the business case of a Florida limited liability company, it is
(Signature of a member or authorized representative of a member)	
Michael Boesch (Printed or typed name of signee)	·
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pam familiar with and accept the obligations of my positions. Or, if this document is being filed to merely reflect confirm that the limited liability company has been notificated.	d agree to act in this capacity. I further agree to proper and complete performance of my duties, and I on as registered agent as provided for in Chapter 608, a change in the registered office address, I hereby led in writing of this change.

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

(Signature of Registered Agend