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(Requestor's Name)				
(Address)				
(Address)				
(Ci	ty/State/Zip/Phone	⇒#)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

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COVER LETTER

TO:	Registration Section Division of Corporations		·			
SUBJE	Orchard Bay Holdings, LLC	Orchard Bay Holdings, LLC				
Name of Limited Liability Company						
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered Offic	e Change and	fee(s) are submitted for filing.			
Please	return all correspondence concerning this	matter to the	following:			
Brad	C. Miller					
	Name of Person					
Orcha	ard Bay Holdings, LLC					
	Firm/Company		_			
1521	Oak Tree Ct.					
	Address		_			
Apopl	ka, Florida 32712					
	City/State and Zip Code		_			
brad@	@orchardbayholdingsllc.com					
E	E-mail address: (to be used for future annu	al report notif	leation)			
For fur	ther information concerning this matter, p	olease call:				
Brad (C. Miller	407	814-2471			
	Name of Person		Area Code & Daytime Telephone Number			
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enclosed is a check for the following amount:						
	☑ \$25 Filing Fee	□ \$:	55 Filing Fee & Certified Copy			
INHS18	8 (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: Orchard Bay			
2. (a)	1521 Oak Tree Ct.,	(b) 1521 Oak Tree Ct.		
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Apopka, FL 32712	<u>Apop</u>	ka, FL 32712	
	February 1, 2012	M1200	00000634	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	Corporation Service Company			
	Registered Agent and Registered Office shown on the records of	the Florida Dept. of	State:	
	1201 Hays Street		ST	
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)		
	Tallahassee	32301	SEP 16	
	FL.			
(b)	Brad C. Miller			
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office address:		
	1521 Oak Tree Ct.		76	
	NEW Registered Office Address:			
	Apopka .FL	32712		
agent v was/wo the arti	imited liability company is not organized under the lavinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liabre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the registered o ability company, of the limited liab	it is hereby confirmed that the change(s) oility company or as otherwise provided in company.	
	thre of a member or authorized representative of a member		Printed or typed name of signee	
provisi the obl to mere notified	by accept the appointment as registered agent and agrous of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I have a change in the registered office address, I have a change.	ee to act in this performance of d for in Chapter iereby confirm t	capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed hat the limited liability company has been	

Signature of Registered Agent