

(Requestor's Name)
(11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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THE NAME OF THE PROPERTY.

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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 **866.625.0838** COGENCYGLOBAL.COM

Date: November 14, 2018	Account#: 12000000088					
Name: KEN HOWELL						
Reference #:1008703						
Entity Name: ORLANDO CONSOLIDATED CONTRA						
☐ Articles of Incorporation/Authorization to Tran	isact Business					
☐ Amendment☑ Change of Agent☐ Reinstatement☐ Conversion						
	ISSUES? CALL U					
	KEN:					
	518-213-0738					
Merger						
☐ Dissolution/Withdrawal						
☐ Fictitious Name						
Other						
Authorized Amount: \$25.00						



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 **866.625.0838** COGENCYGLOBAL.COM

Date: November 14, 2018	Account#: 120000000088					
Name: KEN HOWELL						
Reference #:1008703						
Entity Name: ORLANDO CONSOLIDATED CONTRA	CTORS II LLC					
☐ Articles of Incorporation/Authorization to Trans	sact Business					
Amendment	~ a					
✓ Change of Agent	ISSUES? CALL					
Reinstatement	KEN:					
Conversion						
Merger Merger	E 0					
☐ Dissolution/Withdrawal	••					
Fictitious Name						
Other						

Authorized Amount:

\$25.00

Signature:

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: ORLAN	ORLANDO CONSOLIDATED CONTRACTORS II LLC					
2. (a)			h) C/O WE	STPORT CA	PITAL	PARTNI	ERS, LLC
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `	, —	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			трапу:
	40 DANBURY ROAD			40 DANBURY ROAD WILTON, CT 06897 M14000002393			
	WILTON, CT 06897	_					
	04/08/2014						
3.	Date of filing/registration in Florida	4.		Document no	ımber		····
5. (a)	CORPORATION SERVICE COMP	PANY					
J. (4)	Registered Agent and Registered Office shown on the records of t	he Flori	da Dept. of State	- e:			
	1201 HAYS STREET					•~ 3	
	Registered Office Address (MUST BE FLORIDA STREET A	DDRF	<u>(2)</u>	-	,		<i>:</i> 7:
	TALLAHASSEE , FL	320	301-2525	-	•	<u></u>	i 17
(b)	COGENCY GLOBAL INC.				,	Ţ	し
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office a	ddress:	-	-	्र —	
	115 North Calhoun Street, Suite 4	4			;	Φ	
	NEW Registered Office Address:						
	Tallahassee , FL		32301	_			
the ch agent was/w	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	the reg bility of f the li	istered office company, it is mited liabilit	e and the busi s hereby confi y company or	ness offi	ice of the	e registered ange(s)
	/S/ Marc Porosoff			Marc Po	orosoff		
Signa	ature of a member or authorized representative of a member			Printed or type	d name of	signee	
provis the ob to mer	eby accept the appointment as registered agent and agri- cions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided rely reflect a change in the registered office address, I had in writing of this change.	ee to a perfori I for in iereby	ct in this cap nance of my Chapter 603 confirm that	acity. I furthe duties, and I c 5, F.S. Or, if i the limited lic	er agree am famil this docu ability co	to comp liar with iment is ompany l	ly with the and accept being filed has been
	/S/ Tim Mayville						

Signature of Registered Agent Tim Mayville, Assistant Secretary