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COVER LETTER

850-245-6056

TO: Registration Section Division of Corporations			
SUBJECT: ORA ENTERIATSES Name of Limit	d Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Change	e and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to	o the following:		
Name of Person ORA ENTER PROSES LCC Firm/Company			
4460 LOWER PARK LOAD, # 2414 Address			
City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
DAUDO R. ACLEW at (3) Name of Person	(7) 439 - 5000 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:			
S25 Filing Fee	☐ \$55 Filing Fee & Certified Copy		
INHS18 (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. Name of the limited liability company: DNA EWFELP	RISES, LLC
2. (a) 4440 LOWER PARK RIMO Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) H 241()	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
ORLANDO, FL 32814	
	1500000 3467
3. Date of filing/registration in Florida 4.	Document number
5. (a) ALLEW DAMO RELIGION DE LA SUPERIOR DESIGNADA DE LA SUPERIOR DESIGNADA DESIGNADA DE LA SUPERIOR DE LA SUP	FSmi
Registered Agent and Registered Office shown on the records of the Florida Dept. o	i state:
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
SUTTE Y	
TALLAHASSEE FL 32301	
(b) DAUTO RICHARD ACLEW	
Enter name of NEW Registered Agent and/or NEW Registered Office address:	20
4440 LOWER PARK ROAD	ACL AREA ALL
NEW Registered Office Address:	-5 T
# 2414	
ONLAWOU .FL 32814	<u></u> ,, , , , , , , , , , , , , , , , ,
If the limited liability company is not organized under the laws of the State of the change or changes are made, the Florida street address of the registered agent will be identical. Or, in the case of a Florida limited liability company was/were authorized by an affirmative vote of the members of the limited liability the articles of organization by the operating agreement of the limited liability	office and the business office of the registered it is hereby confirmed that the change(s)
Signature of a member or authorized representative of a member	Printed or typed name of signee
I hereby accept the appointment as registered agent and agree to act in this provisions of all statutes relative to the proper and complete performance of the obligations of my position as registered agent as provided for in Chapte to merely reflect a change in the registered office address, I hereby confirm	