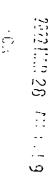
M16000003169

(Requestor's Name)
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(Business Entity Name)
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2022 MAR 28 PH 3: 28

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195		
REFERENCE : 5726907 7905170		
AUTHORIZATION: Spelle man		
COST LIMIT : \$ 25.00		
ORDER DATE: March 25, 2022		
ORDER TIME : 1:14 PM		
ORDER NO. : 572690-046		
CUSTOMER NO: 7905170		
CHANGE OF AGENT		
NAME: TAPAS ORLANDO LLC		
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:		
CERTIFIED COPY XX PLAIN STAMPED COPY		
CONTACT PERSON: Alexxis Weiland		
EXAMINER'S INITIALS:		

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:	S ORLANDO LLC
2. (a) 717 D STREET NW, 6TH FLOOR	(b) 717 D STREET NW, 6TH FLOOR
Principal office address of limited liability con (Note: MUST BE STREET ADDRESS	mpany: Mailing address of limited liability company:
WASHINGTON, DC 20004	WASHINGTON, DC 20004
04/15/2016	M16000003169
3. Date of filing/registration in Florida	Document number
5. (a) CORPORATE CREATIONS NETWORK, IN	NC.
Registered Agent and Registered Office shown on the	records of the Florida Dept. of State:
801 US HIGHWAY 1	
Registered Office Address (MUST BE FLORIDA	STREET ADDRESS)
	22408
NORTH PALM BEACH	22400
	, FL_33408
	יַּי
Enter name of <u>NEW Registered Agent</u> and/or <u>NEW I</u>	Pagistared (195an neldraus
internation in the state of the	•••
Corporation Service Company	9
NEW Registered Office Address:	•
1201 Hays Street	
Tallahassee	, FL 32301
hange or changes are made, the Florida street addre gent will be identical. Or, in the case of a Florida li	der the laws of the State of Florida, it is hereby confirmed that after the less of the registered office and the business office of the registered limited liability company, it is hereby confirmed that the change(s) numbers of the limited liability company or as otherwise provided in
/S/ Kannan Srinivasan	Kannan Srinivasan, Authorized Person
Signature of a member or authorized representative of a mem	ber Printed or typed name of signee
rovisions of all statutes relative to the proper and c he obligations of my position as registered agent as o merely reflect a change in the registered office ad otified in writing of this change.	t and agree to act in this capacity. I further agree to comply with the complete performance of my duties, and I am familiar with and accept s provided for in Chapter 605, F.S. Or, if this document is being filed laress, I hereby confirm that the limited liability company has been
Draze Z-Kubly	
Signature of Registered Agent ace E. Kirby, Asst. Vice President of Corporation Service Comp	pany

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