## M10000 [A3]

(Re	equestor's Name)				
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(Cit	ty/State/Zip/Phone #				
PłCK-UP	☐ WAIT	MAIL			
(Bu	usiness Entity Name)	)			
(Document Number)					
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## **CT CORP**

## (850) 656- 4724 3458 lakesore Drive Tallahassee, FL 32312

09/03/2025

Date:

4: DW

		Acc#I20160000072				
Name:	INDUSTRIOUS ORL 300 S. ORANGE LLC					
Document #:						
Order #:	16519172					
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of						
Apostille/Notarial Certification:		Country of Destination:  Number of Certs:				
Filing: 🚺	Certified: Plain: [ COGS: [	<b>✓</b>	Email Address for Annual Report Notifications			
Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amount: \$	25.00				

Thank you!

## 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. No	ame of the limited liability company:	ORL 300	S. ORAN	GE LLC	
2. (a)	300 S. Orange Avenue		(b) 300 S. Orange Avenue		
<u> </u>	Principal office address of limited liability company:  ( <u>Note: MUST BE STREET ADDRESS</u> )	``		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Suite 1000		Suite 10	000	
	Orlando, FL 32801	_	Orlando	), FL 32801	
	08/11/2017		M170000	006931	
3.	Date of filing/registration in Florida	<del>-</del> 4.		Document number	
÷ 2.5					
5. (a)	Registered Agent and Registered Office shown on the records of CORPORATION SERVICE COMPANY	the Florid	a Dept. of S	State:	
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRES!	<u></u>	<del></del>	
	1201 HAYS STREET			202:	
	TALLAHASSEE, FI	32301		2025 ST.: .	
<i>,</i> 1 .				<u>ئے ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔</u>	
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	dress:		
	C T Corporation System			0:4	
	NEW Registered Office Address:				
	1200 South Pine Island Road				
	Plantation, FI	33324			
the cha agent was/w	limited liability company is not organized under the la ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the /s/Talia Reed	ws of the feginability end of the limited	e State of stered of ompany, nited liab	Florida, it is hereby confirmed that after fice and the business office of the registered it is hereby confirmed that the change(s) offity company or as otherwise provided in company.	
Signa	ature of a member or authorized representative of a member			Printed or typed name of signee	
provis the ob- to mer notifie By:	thy accept the appointment as registered agent and agentions of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address. It is a change of this change.  C T Corporation System  SEAN L. EMERICK, ASSISTANT SECRETARY  are of Registered Agent	ree to ac perforn d for in hereby c	t in this c nance of i Chapter confirm th	capacity. I further agree to comply with the my duties, and I am familiar with and accep 605, F.S. Or, if this document is being filed hat the limited liability company has been	

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