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LLC REGISTERED AGENT CHANGE ORLANDO COLONIAL, LLC

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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	me of the limited liability company: ORLANDO CO	<u>) LON</u>	NΙΑ	E, LLC	·
2	(a) .	1401 BROAD STREET	i	(ъ)	∄401 B	ROAD STREET
	(4) .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	-	(0).	1	Mailing address of limited liability company: (Nose: MAY BE POST OFFICE BOX)
		CLIFTON, NJ 07013			CLIFTO	N, NJ 07013
			_	-	٠,	
			_	•		
		12/26/2017		N	1170000	010909
3.		Date of filing/registration in Florida	4.	_		Document number
5.	(a)	UNITED CORPORATE SERVICES, INC.				
٥.	(11)	Registered Agent and Registered Office shown on the records of th	e Flor	da I	ept of Stat	
		9200 SOUTH DADELAND BLVD, SUITE 50	8			
		Registered Office Address (MUST BE FLORIDA STREET A	DDRE	(2.2)		-
		MIAMI	331	56		-
					, X	28 28 28 28 28 28 28 28 28 28 28 28 28 2
	(b)	Corporate Creations Network Inc.	٠		in.	
	(-/	Enter name of NEW Registered Agent and/or NEW Registered	Office	add		AR T
		11380 Prosperity Farms Road #221E				30 E
		NEW Registered Office Address:	_			
						_ 등 등
		Palm Beach Gardens , FL	3341	0	<u> </u>	<u></u>
th ag w	e cha ent v	imited 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 are authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the re bility f the l limite	gist cor limit d lia	ered offic npany, it i ted liabili ability cor	ce and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany.
_			L	auı	en Vadr	ney, Attorney-in-Fact
,	Signa	ture of a momber or authorized representative of a member			4 <u>1:</u>	Printed or typed name of signee
pi th to no	nere ovis. e ob: mer otifle	by accept the appointment as registered agent and agricions of all statutes relative to the proper and complete iligations of my position as registered agent as provided ely reflect a change in the registered office address, I have a change of this change.	ee to de perfoi d for i dereby n Vo	nci ma n C co dne	in this cap nce of my hapter 60 nfirm thai y, Speci	pacity. I further agree to comply with the odulies, and I am familiar with and accept 15, F.S. Or, if this document is being files the limited liability company has been at Secretary
Š	ignatı	ure of Registered Agen			;	
		Division of Corporations P.O. B				essee, FL 32314

INHS18 (2/14)