M1900000 7320

(Requestor's Name)				
(Address)				
(Add	ress)			
(City)	/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL		
(Busi	iness Entity Name)			
(Document Number)				
Certified Copies	Centificates of	Status		
Special Instructions to F	iling Officer:			

Office Use Only



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A. BUTLER
JUL 29 2022



July 28 2022

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

Account#: I20000000088

Date:	<u> </u>					
Name: KEN						
Reference #:17	47217					
Entity Name:	ORCHARD GROVE	VENTURE LLC				
Articles of Incorporation	on/Authorization to Trans	sact Business				
Amendment						
✓ Change of Agent		icelice cali				
☐ Reinstatement ISSUES? CAI						
Conversion		518-213-0738				
Merger						
Dissolution/Withdrawa	al					
Fictitious Name						
Other						
Authorized Amount:	\$25.00					
Signature:		_				

+1.212.947.7200

COVER LETTER

TO:	Registration Section Division of Corporations					
CHEI	FCT.	Orchai	rd G	rove V	entu	re LLC
Name of Limited Liability Company				/ Сотрану		
Dear S	Sir or Madam:					
The cr	nclosed Registered Agent/Registered	Office	Chan	ge and	fee(s)	are submitted for filing.
Please	return all correspondence concernin	g this ir	natter	to the f	Collow	ring:
	Sydne Garchik				•	
	Name of Person			·		
	MRK Partners Inc	·				
	Firm/Company					
	2711 N Sepulveda Blvd	#526			_	
	Address					
	Manhattan Beach, CA 9				_	
	City/State and Zip Coo	le				
	admin@mrkpartners.				—	
ŀ	:-mail address: (to be used for future	annual	repo	rt notiti	catioi	1)
For fu	rther information concerning this ma	tter, ple	ase c	all:		
	Cathy Coler	;	at (424		999-4582
	Name of Person				Are	a Code & Daytime Telephone Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301			Reg Div P.C	gistrat rision). Box	of ADDRESS: ion Section of Corporations 6327 see, Florida 32314
	Enclosed is a check for the follow	ing am	oun	t:		
	☐ \$25 Filing Fee			□ \$5	5 Fili	ng Fee & Certified Copy
INHS1	8 (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.	Na	ame of the limited liability company:	Orchar	rd Grove Venture LLC
2.	(a)	101 SE 4th Avenue	(b)	2711 N Sepulveda Blvd. #526
	• •	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		Delray Beach, FL 33483		Manhattan Beach , CA 90266
		07/30/2019		M190000320
3.		Date of filing/registration in Florida	4.	Document number
5.	(a)	BCRA, LLC		
	` ′	Registered Agent and Registered Office shown on the records of t	he Florida Dept.	of State:
		1902 NW Corporate Blvd		
		Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)	202 SE
		Suite 310		CRE JU
		Boca Raton FI.	33431	ECRETAR TALLAHA
	(b)	COGENCY GLOBAL INC.		SS P (T)
,	(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	
				#IE 19
		115 North Calhoun Street, Suite	<u>e 4</u>	<u> </u>
		NEW Registered Office Address:		
				
		FL_	32301	
the age: was	chai nt w /we	mited liability company is not organized under the law nge or changes are made, the Florida street address of till be identical. Or, in the case of a Florida limited liaire authorized by an affirmative vote of the members of cles of organization or the operating agreement of the law.	the registered bility compan the limited li	office and the business office of the registered by, it is hereby confirmed that the change(s) iability company or as otherwise provided in
Si	gnati	ure of a member or authorized representative of a member		Printed or typed name of signed
oroi the i to m	visic obli iere,	y accept the appointment as registered agent and agreens of all statutes relative to the proper and complete pations of my position as registered agent as provided by reflect a change in the registered office address, I have in writing of this change.	te to act in thi performance of for in Chapte ereby confirm	is capacity. I further agree to comply with the of my duties, and I am familiar with and accept er 605, F.S. Or, if this document is being filed that the limited liability company has been
Sign	atun	e of Register of Ag		

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