M21000011154

(Requestor's Name)								
(Address)								
(Address)								
(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
(Document Number)								
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MULARASSEE, FI

2027 APR -6 PI: 3: 29

RARDICHS

APR 0.7 2022 I ALBRITTON CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 600335 7285802

- There is

AUTHORIZATION

COST LIMIT

ORDER DATE : April 6, 2022

ORDER TIME : 2:05 PM

ORDER NO. : 600335-005

CUSTOMER NO: 7285802

CHANGE OF AGENT

NAME: ORANGE STANIEL, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker

EXAMINER'S INITIALS:

COVER LETTER

	istration Section ision of Corporations		
SUBJECT:	Orange Staniel, LLC		
	Name	of Limited Li	ability Company
Dear Sir or N	∕ladam:		
The enclosed	l Registered Agent/Registered Offic	e Change and i	fee(s) are submitted for filing.
Please return	all correspondence concerning this	matter to the f	ollowing:
Ben Engel			
	Name of Person		
ECI Group			
	Firm/Company		_
2100 Powers	Ferry Rd, Suite 200		
	Address	<u> </u>	_
Atlanta, GA 3	30339		
	City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·	_
bengel@ecig	roups.com		
E-mail a	address: (to be used for future annua	report notific	ation)
For further in	formation concerning this matter, pl	ease call:	
Ben Engel		678 at (358-3222
	Name of Person		Area Code & Daytime Telephone Number
	ing Address: stration Section		Street Address:
_	sion of Corporations		Registration Section Division of Corporations
	Box 6327		The Centre of Tallahassee
Talla	hassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclo	sed is a check for the following an	nount:	
= \$ 25	5 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.

l. Na	ame of the limited liability company: Orange Staniel,	LLC						
2. (a)	2100 Powers Ferry Rd, Suite 200		(b) 2100 Powers Ferry Rd, Suite 200					
``	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)				
	Atlanta, GA 30339	 	Atlanta,	GA 30339				
	12/02/2021		M210000	16156				
3.	Date of filing/registration in Florida	4.	<u> </u>	Document numb	er			
5. (a)	Blumbergexcelsior Corporate Services, Inc.							
` ,	Registered Agent and Registered Office shown on the records of 155 Office Plaza Drive, 1st FL	the Flor	ida Dept, of Sta	ue:				
	Registered Office Address (MUST BE FLORIDA STREET)	<u> 1DDRE</u>	<u>\$\$)</u>	_				
	Tallahassee, FL	32301		_	SALL	2022 APR		
(b)	Corporation Service Company				AHA	γ −6	\$ 	
	Enter name of NEW Registered Agent and/or NEW Registered	Office a	iddress:	_	JSSE JOF	A	m	
	1201 Hays Street					1 IO: 06	O	
	NEW Registered Office Address:		· · · · · ·	_	Ē.	8		
	Tallahassee, FL_	32301		_				
nange gent w vas/wei	mited liability company is not organized under the law or changes are made, the Florida street address of the ill be identical. Or, in the case of a Florida limited lial re authorized by an affirmative vote of the members of thes of organization or the operating agreement of the l	registe bility of the lin imited	red office and company, it is mited liability liability con	d the business offi s hereby confirmed y company or as o	ice of the i	register	red (s)	
Signate	re of a number or authorized representative of a member		n Engel	Printed or typed nam	e of signee			
ne obligo merel otified	y accept the appointment as registered agent and agreen of all statutes relative to the proper and complete paytions of my position as registered agent as provided by reflect a change in the registered office address, I have been also change.	コクピリハトロ	\$253\$CO2 OF BOSTS A	acity. I further agr	ree to con	nply wi		
Signature	of Registered Agent							