P11000028680

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C. LEWIS

OCT 1 2013

EXAMINER

COVER LETTER

Division of Corporations Orange Trial Tech, Inc. SUBJECT: Name of Corporation P11000028680 The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Seema W. Rowley Name of Contact Person Orange Legal, Inc. Firm/Company 633 East Colonial Drive Orlando, FL 32803 City/State and Zip Code accounting@orangelegal.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:

Enclosed is a \$35.00 check made payable to the Department of State.

Name of Contact Person

Seema W. Rowley

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Area Code & Daytime Telephone Number

TO:

Amendment Section

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

1. The name of	the cornoration.	Orange Trial Tech	, Inc.	
	office address:		ial Drive, Orlando, FL 3	32803
3. The mailing a	address (if differe	nt):		
4. Date of incor	poration/qualifica	ntion: 03/22/2011	Document number: P110	000028680
		the current registered a fresigned, enter resigned	gent and registered office on file	with the
	Roberta Hill	Barrett		
	1416 East F	Robinson Street		
	Orlando, FL	. 32801		13 S TALL
6. The name and (if changed):	d street address of	the new registered age	nt (if changed) and /or registered	
	Roberta Hill	Barrett		SEE FLORI
	633 East Co	olonial Drive		: 32
	Orlando, FL	P.O. Box NOT	acceptable	4
				
			address of the business office of	
Such change was authorized by the	as authorized by the board, or the c	resolution duly adopted Arporation has been no	by its board of directors or by a tified in writing of the change.	in officer so
Kis	best she	1) Except	Roberta Hill Barrett, Pr	
I further agree performance of	to comply with th my duties, and I	ie provisions of all stati am familiar with and a	d agree to act in this capacity, utes relative to the proper and coccept the obligation of my positiect a change in the registered of my writing of this change.	omplete ion as registered
700	rike de	W Bares	August 15, 2013	
	nature of Registered Ag		Date	
it signing on be	half of an entity:			
	yped or Printed Name			

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314