000083783

(Requestor's Name)				
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(Add	dress)	 		
(Add	dress)			
	101-1-17:-171	- 10		
(Cit)	y/State/Zip/Phone	₹)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				
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A. BUTLER AUG - 4 2022

- COVER LETTER

TO:	Amendment Section Division of Corporations		
SUBJ Name	ECT: Orange Klik Company of Corporation	- -	
DOCE	UMENT NUMBER: P17000083783		
The er	nclosed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.	
Please	return all correspondence concerning this	s matter to the following:	
Steffar	a Bradford		
Name	of Contact Person		
Incorp	orating Services, Ltd.		
Firm/C	Company		
3500 S	South DuPont Highway		
Addre:	ss		
Dover	/DE 19901		
City/S	tate and Zip Code		
	radiv@ineserv.com		
E-mai	l address: (to be used for future annua	I report notification)	
For fu	rther information concerning this matter, p	please call:	
Steffai	a Bradford	at (302) 531-0855 Area Code & Daytime Telephone Number	
	Name of Contact Person	Area Code & Daytime Telephone Number	
Enclos	sed is a \$35.00 check made payable to the	Department of State.	
	Mailing Address: Amendment Section	Street Address:	
	Division of Corporations	Amendment Section Division of Corporations	
	P.O. Box 6327	The Centre of Tallahassee	
	Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cha	provisions of sections 607.0502, 617.0, unge is submitted for a corporation org	anized under the laws of the Sta	te of Florida
	r to change its registered office or regi ORANGE KLIK COM	-	te of Florida.
1. The name of t	he corporation: ORANGE KLIK COM	C.i. 1027	
2. The principal Miami Beach, FI	office address: 350 Lincoln Mall Road.	Suite 4037	
3. The mailing a	ddress (if different): 2462 LAUREL RO	DAD EAST, #101, NORTH VEN	ICE, FL 34275
	poration/qualification: 10/18/2017		
	I street address of the current registered tment of State: (If resigned, enter resig		file with the
	NORTHWEST REGISTERED AGENT	LLC.	
	7901 4TH STREET N. SUITE 300		
	ST.PETERSBURG, FL 33702		
6. The name and (if changed):	I street address of the new registered ag	gent (if changed) and /or register	red office on 2022
	Incorporating Services, Ltd.		ZOZZ AUG - I SECREMAN
	1540 Glenway Drive		3
	Tallahassee, FL 32301	Box. NOT acceptable	PH
The street addre as changed will	ess of its registered office and the stre- be identical.	et address of the business offic	e of its registered agent.
	as authorized by resolution duly adopte board, or the corporation has been in		
	AHT-	AUGUSTAS KLIGYS	
Signatui	re of an officer or director)	Printed or typed nam	ic and tille
I further agree to of my duties, an document is hei corporation has	the appointment as registered agent of to comply with the provisions of all st d I am familiar with and accept the o ng filed mevely to reflect a change in theen notified in writing of this chang	atutes relative to the proper an bligation of my position as reg the registered office address, I	id complete performance
SHL	L hill	July 30, 2022	
Sign	nature of Registered Agent	Date	
If signing on be	half of an entity:		
	yped of Printed Name		
.,			

* * * FILING FEE: \$35.00 * * *