Division of Corporations **Electronic Filing Cover Sheet**

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(((H24000023542 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone

: (307)200-2803

Fax Number

: (813)436-5206

**Enter the email address for this business entity to be used for future ω annual report mailings. Enter only one email address please. **

,		
Emall.	Address:	

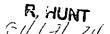
REGISTERED AGENT CHANGE ORANGE KLIK COMPANY

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Help



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

To: 18506176380

statement of cl	hange is submitted for a corporat	ion organized under the laws of the State of Florida or registered agent, or both, in the State of Florida.
1. The name o	I the corporation: Orange Klik Co	прапу
	al office address:	
3. The mailing	address (if different):	
4. Date of inco	prporation/qualification; 10/18/20	17 Document number: P17000083783
	nd street address of the current re artment of State: (If resigned, en	gistered agent and registered office on file with the er resigned)
	INCORPORATING SERVICES,	LTD.
	1540 GLENWAY DRIVE	
	TALLAHASSEE, FL 32301	
6. The name ar (if changed)	:	tered agent (if changed) and /or registered office
	Registered Agents Inc	
	7901 4th St N STE 300	P.O. Box, NOT acceptable
	St. Petersburg FL 33702	
The street addas changed wi	ress of its registered office and li be identical.	the street address of the business office of its registered agent,
Such change wanthorized by	vas authorized by resolution dul the board, or the corporation ha	y adopted by its board of directors or by an officer so s been notified in writing of the change.
JAUQI Ngna	ture of an officer or director	Augustas Kligys - PSTD Primed or reped name and ride
aocument is be	of the appointment as registered to comply with the provisions of and I am familiar with and accep- eing filed merely to reflect a cha as been notified in writing of thi	or agent and agree to act in this capacity. If all statutes relative to the proper and complete performance in the obligation of my position as registered agent. Or, if this inge in the registered office address, I hereby confirm that the schange.
Dini (Alece		01/17/2024
Š	ignature of Registered Agent	Date
lf signing on b	pehalf of an entity:	
David Roberts		
	Typed or Printed Name	

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