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Division of Corporations

Fax Number : (850)617-6380

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803

Fax Number : (855)330-1010

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

## REGISTERED AGENT CHANGE ORBIS CONSULTING INC

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

statement of cha	inge is submitted for a corporation	617.0502, 607.1508, or 617.1508, Florida Statutes, this morganized under the laws of the State of Florida.	
1. The name of	the corporation: ORBIS CONSUL	TING INC	
		TE 300, St. Petersburg, FL 33702	
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 03/21/18	Document number: P18000027315	
	I street address of the current regi- timent of State: (If resigned, enter	stered agent and registered office on file with the resigned)	
	DAYANNA LIMA		
	7901 4th St N STE 300		
	St. Petersburg FL 33702	202	
St. Petersburg FL 33702  6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):			
	Registered Agents Inc.		
	7901 4th St N STE 300 P.O. Box NOT acceptable		
	St. Petersburg FL 3370	) <u>Z</u>	
The street address changed will	ess of its registered office and the be identical.	e street address of the business office of its registered agent,	
Such change wa authorized by th	as authorized by resolution duly a ne board, or the corporation has b	adopted by its board of directors or by an officer so been notified in writing of the change.	
PHILLI	P SMITH	PHILLIP SMITH, President	
I further agree performance of agent. Or, if th	to comply with the provisions of a my duties, and I am familiar with	Printed or typed name and title gent and agree to act in this capacity. all statutes relative to the proper and complete h and accept the obligation of my position as registered to reflect a change in the registered office address, I stifled in writing of this change.	
Bel Home		05/20/2021	
Sig	nature of Registered Agent	Date	
	half of an entity:		
Bill Havre	yeard or Printed Numa	_	
ı	yped or Printed Name		

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