

P94000025380

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

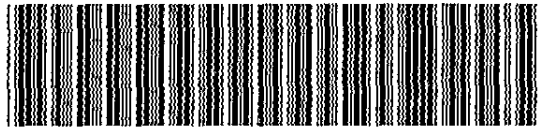
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08/26/03--01003--011 **245.00

RECEIVED
03 AUG 25 PM 3:46
STATE DEPARTMENT OF REVENUE
DIVISION OF CORPORATE TAXES
TALLAHASSEE, FLORIDA

FILED
2003 AUG 25 PM 4:21
TALLAHASSEE, FLORIDA

C. Ocullette AUG 25 2003

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Orleans Inc

Signature _____

Requested by: SW

Date 8/25

Time _____

Walk-In _____

Will Pick Up _____

____ Art of Inc. File _____

____ LTD Partnership File _____

____ Foreign Corp. File _____

____ L.C. File _____

____ Fictitious Name File _____

____ Trade/Service Mark _____

____ Merger File _____

✓ Art. of Amend. File _____

____ RA Resignation _____

____ Dissolution / Withdrawal _____

____ Annual Report / Reinstatement _____

____ Cert. Copy _____

____ Photo Copy _____

____ Certificate of Good Standing _____

____ Certificate of Status _____

____ Certificate of Fictitious Name _____

____ Corp Record Search _____

____ Officer Search _____

____ Fictitious Search _____

____ Fictitious Owner Search _____

____ Vehicle Search _____

____ Driving Record _____

____ UCC 1 or 3 File _____

____ UCC 11 Search _____

____ UCC 11 Retrieval _____

____ Courier _____

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Orleans, Inc., a Florida corporation.

2. The mailing address of the corporation: 7385 SW 87th Avenue,
Suite 100, Miami, FL 33173

3. Date of incorporation/qualification: 3/31/94 Document number: P94 000025380

4. The name and address of the current registered agent and office:

Wanda Pistella, P.A.
3001 Ponce de Leon Blvd #262
Coral Gables, FL 33134

5. The name and address of the new registered agent (if changed) and/or registered office (if changed)
(P. O. Box Not Acceptable)

Wanda Pistella P.A.
7385 SW 87th Ave, Suite 100
Miami, FL 33173

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

[Signature]
(Signature of an officer, chairman or vice chairman of the board)

8/7/03
(Date)

Roberto A. Roberts, President.
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

Wanda Pistella
(Signature of Registered Agent)

8/5/03
(Date)

If signing on behalf of an entity:

Wanda Pistella, P.A.
(Typed or Printed Name)

President.
(Capacity)

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

FILED
2003 AUG 25 PM 4:21
TALLAHASSEE, FLORIDA
DIVISION OF STATE