## P99000064836

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JUN 14 2018

S. YOUNG

## **COVER LETTER**

TO:	Amendment Section Division of Corporations			
CUDI	Loraal Incorporated			
эовэ	ECT:Name of Corporation			
	P9900064836			
DOCI	JMENT NUMBER:			
The er	sclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.			
Please	return all correspondence concerning this matter to the following:			
	Mark Bridewell			
	Name of Contact Person			
	Loraal, Incorporated			
Firm/Company 4856 Lorraine Way				
Orlando, Florida 32812				
	City/State and Zip Code			
	mark@loraal.com			
	E-mail address: (to be used for future annual report notification)			
	rther information concerning this matter, please call:			
Mark	Bridewell 407-468- <b>9</b> 669			
	Name of Contact Person at () 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: Amendment Section			
	Division of Corporations Division of Corporations			
	P.O. Box 6327 Clifton Building			
	Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301			

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

Pursuant to the statement of cha	provisions of sections 607.0502, t nge is submitted for a corporation	617.0502, 607.1508, or 617.1508, Florida n organized under the laws of the State of	Statutes, this Florida	
in orde.	r to change its registered office of	r registered agent, or both, in the State of	Florida.	
1. The name of t	he compration: Loraal, Incorpo	orated		
2. The principal	4856 Lorraine	Way, Orlando, Florida 32812		
2. The principal	office aggress.			
3. The mailing a	ddress (if different):			
4. Date of incorp	ooration/qualification:	Document number:	00064836	
	street address of the current regis tment of State: (If resigned, enter Rosemary Hayes	stered agent and registered office on file v resigned)	with the	
	830 Lucerne Terrace, Orlai	ndo, FL 32801	-	
	·		<del>-</del>	
			- · · · · · · · ·	
6. The name and (if changed):	street address of the new register	red agent (if changed) and /or registered o	office Fig. 8	
	Mark Bridewell		IASS	
	4856 Lorraine Way, Orland	do, Florida 32812		ET.
	P.O. 1	Box NOT acceptable	PH 3: FLORI	
The street addre	ss of its registered office and the	e street address of the business office of i	its registered agent.	
_		adopted by its board of directors or by an seen notified in writing of the change.		
authorized by th	ic boate, or the corporation has b	wen notified in writing of the change.  Mark Bridewell / President		
Signatur	re of an officer or director	Printed or typed name and t		
I further agree t performance of agent. Or, if thi	o comply with the provisions of a my duties, and I am familiar with	gent and agree to act in this capacity. All statutes relative to the proper and con h and accept the obligation of my positio to reflect a change in the revisiered offi	mplete on as registered	
2/1		06/09/18		
Sign	nature of Registered Agent	Date		
If signing on bel	half of an entity:			
MARI		<u>-</u>		
Ty	rped or Printed Name			

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