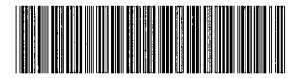
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(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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October 14, 2021

BY FEDEX

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL. 32314

RE: ORAD HOLDINGS LIMITED PARTNERSHIP

Matter No. 00493

We would like to chance the registered office and registered agent for ORAD HOLDINGS LIMITED PARTNERSHIP. Accordingly, we enclose the following:

- 1. Cover Letter:
- 2. Limited Partnership or Limited Liability Limited Partnership Statement of Change of Registered Office or Registered Agent, or Both; and
- 3. Cheque in the amount of USD\$35.00 payable to Florida Department of State being the requisite filing fee (please note this cheque is drawn on a US bank and is in US funds).

As this matter is time sensitive. I am hoping that you will be able to process the enclosed as soon as possible. That said, please let me know if you require any additional information to assist with this process.

Should you have any questions, please feel free to contact me at 416-477-8165.

Thanks in advance.

ALTRO LLP

Ryan Robertson

Rvan Robertson

Associate B.Comm., J.D. (Canada), J.D. (USA)

RR/yt

Encls.

155 University Avenue, Suite 300, Toronto, ON M5H 3B7 / Tel: 1.888.462.5876 / www.altrolaw.com

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: ORAD HOLDINGS LIMITED	PARTNERSHIP
SUBJECT:	ership or Limited Liability Limited Partnership
DOCUMENT NUMBER: A210000005	63
The enclosed Statement of Change of Fee(s) are submitted for filing.	Registered Office and/or Registered Agent and
Please return all correspondence conce	rning this matter to:
Ryan Robertson	
Contact Person	
Altro LLP	
Firm/Company	
155 University Avenue, Suite 300	
Address	· · · · · · · · · · · · · · · · · · ·
Toronto, Ontario, Canada, M5H 3B7	
City, State and Zip Cod	e
rrobertson@altrolaw.com	
E-mail address: (to be used for future and	nual report notification)
For further information concerning this	s matter, please call:
Ryan Robertson	at (416) 477-8165
Name of Contact Person	Area Code and Daytime Telephone Number
Enclosed is a \$35.00 check made payal	ble to the Florida Department of State.
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303

LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE ORD PH 3: 23 REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the fell. change its registered office or registered agent, or both, in the state of Florida.

L ORAD HOLI	DINGS LIMITED PA	RTNERSHIP	
	ne of Limited Partnership or Lim		hip
2.10/12/2021	3. A2100000563 Florida document number		
	registration in Florida	Florida docun	nent number
4. The name of the reg Department of State:	gistered agent and the registered of	office address as shown on the	records of the Florida
	KOSTRUBA, OREST	Γ	
•	Nam	ne	
	601 CASEY KEY RE).	
	Addre	ess	
	NOKOMIS, FL 34275	5	
	City, State	and Zip	
5. The name and Flori	ida street address of the new regis	stered agent and/or office:	
	TK REGISTERED A	GENT, INC.	
	Nam	ne	
	101 E. KENNEDY BOUL	EVARD, SUITE 2700	
	Florida street address (P.0	O. Box not acceptable)	
	TAMPA	_{FL} 33602	
	City, State	and Zip	
6. Such change(s) is/a	re effective when filed by the Flo	orida Department of State.	
/s/Orest Kostruba – P	resident of Exador International	Inc., General Partner	
Signature of General P	'artner		
comply with the provis	pointment as registered agent and ions of all statutes relative to the an accept the obligations of my p	proper and complete perform	I further agree to ance of my duties,
Signature of Registered	d Agent		
Filing Fee: Certified Copy (o	\$35.00 ptional): \$52.50		