SIGNATURE: OLGA KANE

that my name appears above, or on an attachment with all other like empowered.

KANE, OLGA 11924 W FOREST HILL BLVD SUITE 10A-140 WELLINGTON, FL 33414 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE			04/18/2017
	Electronic Signature of Registered Agent		Date
Authorized Person(s) Detail :			
I	MANAGER, AUTHORIZED REPRESENTATIVE	Title	AUTHORIZED MEMBER, MANAGER
		Name	KANE, OLGA
Name	CAYON, ROMAN	Address	11924 W FOREST HILL BLVD
	11924 W FOREST HILL BLVD		SUITE 10A-140
City-State-Zip:	SUITE 10A-140 WELLINGTON FL 33414	City-State-Zip:	WELLINGTON FL 33414

DOCUMENT# L05000054792

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: ORC PROFESSIONALS LLC

Current Principal Place of Business:

11924 W FOREST HILL BLVD SUITE 10A-140 WELLINGTON, FL 33414

Current Mailing Address:

11924 W FOREST HILL BLVD SUITE 10A-140 WELLINGTON, FL 33414 US

FEI Number: 20-3353103

Name and Address of Current Registered Agent:

Electronic Signature of Signing Authorized Person(s) Detail

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and

Certificate of Status Desired: No

04/18/2017 Date

MANAGING MEMBER