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(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Considerations to Eding Officer							
Special Instructions to Filing Officer:							
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SECRETARY OF STATE

COVER LETTER

TO:	Registration Section Division of Corporations							
SUBJE	ORBIS INSURANCE GROUP LLC							
CODOL	CT:Name of Limited Liability Company							
Dear Si	r or Madam:							
The end	closed Registered Agent/Registered Office	Change a	nd fee(s) are submitted for filing.					
Please	return all correspondence concerning this n	natter to th	ne following:					
Christop	oher Perez-Gurri							
-	Name of Person							
GPG La	w							
	Firm/Company							
1326 SE	3rd Ave							
	Address							
Fort Lau	iderdale, FL 33316							
	City/State and Zip Code							
chris@g	pglawfirm.com							
E-	mail address: (to be used for future annual	report no	tification)					
For furt	her information concerning this matter, ple	ase call:						
Christor	oher Perez-Gurri	305 at (725-2107					
	Name of Person		Area Code & Daytime Telephone Number					
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810					
	Enclosed is a check for the following am		Tallahassee, FL 32303					
	■ \$25 Filing Fee	u	\$55 Filing Fee & Certified Copy					

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1.	N	ome of the limited liability company: ORBIS INSU	RANCE (JRC _	UP LLC	·		
2	(a)	7500 NW 52ND ST		(b	7500 NW	52ND ST		
4.	(11)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) STE 100		(0	STE 100	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		MIAMI, FL 33166			MIAMI, F	FL 33166		
		01/08/2009			L09000002	538		
	(a)	Date of filing/registration in Florida Matt Cooper	4.			Document number		
	()	Registered Agent and Registered Office shown on the record 7500 NW 52ND ST	ls of the Flo	rida	Dept. of Stat	te:		
		Registered Office Address (MUST BE FLORIDA STRE	ET ADDR	ESS	<u> </u>	- 202		
		MIAMI	, FL	5		F. RE D.		
	(b)	GPG Law				FILEC F COR F COR		
		Enter name of NEW Registered Agent and/or NEW Registered Office address:				DOF STAARPORAA		
		1326 SE 3rd Avenue				MIE ATIA: 3: 20		
		NEW Registered Office Address:				-		
		Fort Lauderdale	, FL	5				
cha age wa	ange ent v s/we	imited liability company is not organized under the or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the member cles of organization or the operating agreement of	the regist d liability ers of the the limite	tere cor limi d li	d office an npany, it is ted liabilit ability con	Id the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in		
_	Signa	ture of a member or authorized representative of a member	_			Printed or typed name of signee		
III pro the to no	herei ovisi obl mere tified	by accept the appointment as registered agent and ons of all statutes relative to the proper and compligations of my position as registered agent as provely reflect a change in the registered office address in the writing of this change.	ete nerto	rm/I	nce of my .	acity. I further agree to comply with the duties, and Lam familiar with and accept		
Sig	matu	re of Registered Agent						

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00