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SECRETARY OF STATE
AHASSEF, FI ORIDA

D. BRUCE

NOV 0 1 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Name of Limited Liability Company			
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office C	hange and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:			
H. Cristina Horeno, Esa Name of Person	<u>?. </u>		
Murai Wald Biondo + Morei	no, P.A.	9 10	
1200 Ponce de Leon Bluch.	HAS	CT 3	
Coral Gables, FL 33134 City/State and Zip Code	SSEE. FLORIC	OCT 31 PM S OS	
Cmoreno 2 MWBM. Com	A		
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
M. Cristina Horeno at (Area Code & Daytime Telephone Number	<u>5</u>	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following amoun	nt:		

\$55 Filing Fee & Certified Copy

\$25 Filing Fee

INHS18 (5/08)

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

Pursuant to the provisions of sections 608.416 or 608.508, 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. Name of the limited liability company:	orp, LLC	
 (a) Principal office address of limited liability company: 	2101 100 11 11 1100	
(Note: MUST BE STREET ADDRESS)	Suite 3205 Highi, FL 33129	
(b) Mailing address of limited liability company:	2101 Brickell Ave.	
(Note: MAY BE POST OFFICE BOX)	Suit 3205	
02/09/2010	L10000015129	
3. Date of filing/registration in Florida 4	. Document number	
5. (a) Registered Agent and Registered Office shown on the		
Registered Agent:	Lisette Salazar	
Registered Office Address:	200 Crandon Blud.	
•	Key Biscoyne, FL 33149	
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:		
NEW Registered Agent:	<u>Yurai Wald Biondo + Horeno, P.A.</u>	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1200 Pance de Leon Blud.	
-	Coral Gables, FL 33/34	
If the limited liability company is not organized under the laconfirmed that after the change or changes are made, the Floand the business office of the registered agent will be identic liability company, it is hereby confirmed that the change(s) woof the members of the limited liability company or as otherwor the operating agreement of the limited liability company.	rida street address of the registered office al. Or, in the case of a Florida limited vas/were authorized by an affirmative vote	
Helt Island Sory	ASS CT. T.	
Signature of a member or authorized representative of a member	SEE SEE	
Maria V. Salem Printed or typed name of signee	7 ²	
I hereby accept the appointment as registered agent and agreement with the provisions of all statutes relative to the propagal 1 am familiar with and accept the obligations of my of Chapter 608, F.S. Or, if this document is being filed to mere address, I hereby confirm that the limited liability company if the two forms of the limited liability company if the two forms of the limited liability company if the two forms of the limited liability company if the two forms of the limited liability company if the limited liability company is the limited liability company if the limited liability company is the liabil	ree to act in this capacity. Further deree to er and complete performance of my duties, tion as registered agent as provided for in ly reflect a change in the registered office has been notified in writing of this change.	
Signature of Registered Agent H. Cristina Moreno Division of Cornerations P.O. Box 6323		
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00		