## 110039

(Requestor's Name)						
(Address)						
(Ad	ldress)					
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
(Bu	isiness Entity Nan	ne)				
(Document Number)						
Certified Copies	_ Certificates	of Status				
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SEP 2 0 2016 3. YOUNG TALLAHASSEELTI GEGA

## **COVER LETTER**

TO:	Registration Section Division of Corporations						
SUBJ	Orinoco 360 LLC						
Name of Limited Liability Company							
Dear S	Sir or Madam:						
The en	nclosed Registered Agent/Registered Offi	ice Change ar	nd fee(s) are submitted for filing.				
	e return all correspondence concerning the		•				
	-						
Pedr	o E. Dominguez		•				
-	Name of Person		<del></del>				
Orino	oco 360 LLC						
	Firm/Company						
2695	NW 122nd Ave						
	Address		<u></u>				
Cora	l Springs, FL 33065						
	City/State and Zip Code						
pedro	o@orinoco360.com						
•	E-mail address: (to be used for future ann	ual report not	ification)				
For fu	arther information concerning this matter,	please call;					
Pedr	o E. Dominguez	954	<b>600-0792</b>				
	Name of Person	at (	Area Code & Daytime Telephone Number				
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	F 1 F	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Callahassee, Florida 32314				
	Enclosed is a check for the following	amount:					
	■ \$25 Filing Fee		\$55 Filing Fee & Certified Copy				

INHS18 (2/14)

## 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.	Na	me of the limited liability company: Orinoco 360 L	LC		•			
2	(a)	2695 NW 122nd Ave		(b) <sup>2</sup>	2695 NV	W 122nd Ave		
	(4)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_	(-) -	1.	Mailing address of limited liabilit (Note: MAY BE POST OFFICE		-
		Coral Springs, FL 33065	_	_	Coral Sp	orings, FL 33065		
		04/01/2011	_	L.	100003	39039		
3.		Date of filing/registration in Florida	4.			Document number		
5	(a)	Pedro E. Dominguez						
٥.	(4)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 2695 NW 122nd Ave			- e: -	16 SEP 19	25.5	
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			_			
		Coral Springs	3306	5		-	PM	#4. Fig.
		, 1 L				_		
	(b)					_	t: 00	
		Enter name of NEW Registered Agent and/or NEW Registered	Office:	<u>addr</u>	<u>ess</u> :		<del>-</del>	75.54
		NEW Registered Office Address:				_		
						-		
		, FL				_		
the ag	e cha ent v as/w	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the re bility f the l limite	giste con limit d lia	ered offic pany, it i ed liabilit bility cor	e and the business office of is hereby confirmed that the ty company or as otherwise npany.	f the rep chang	gistered ge(s)
_	Ciana	ture of a member or authorized rapresentative of a member	<u> </u>	edr	DE. DO	minguez  Printed or typed name of signe		
I pr th to no	here ovis e ob mer otifie	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I is different to the proper and complete the proper and complete ely reflect a change in the registered office address, I is different to the proper and the proper address and the proper and complete address and the proper	ee to o perfor d for i hereby	act i rmar in Ch v con	n this cap ace of my apter 60. firm that			vith the l accept ng filed been
J	·Suati	Division of Corporations • P.O. I	30x 63	327•	Tallaha	ssee, FL 32314		

FILING FEE: \$25.00

INHS18 (2/14)