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(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status				
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SELECTARY OF STATE

STORY OF STAFFORATIONS

Clewis 14

COVER LETTER

TO:	Registration Section Division of Corporations	534.				
SUBJ		ORBES UC				
Dear S	Sir or Madam:					
The en	nclosed Registered Agent/Registered Office Ch	ange and fee(s) are submitted for filing.				
Please	return all correspondence concerning this matt	ter to the following:				
_F,	ANNY SUAREZ Name of Person					
	Name of Person					
	PIOTORBES LLC					
	Firm/Company					
150	673 sw 52 Ct					
	Address					
Mir	City/State and Zip Code					
	City/State and Zip Code					
los	rincon 1@ hotmail.com					
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Ge	rman Rincon M at (
	Name of Person	Area Code & Daytime Telephone Number				
	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 amount:					
	2 \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy				
TATION	9 (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. N	ame of the limited liability company:	OTORBES L	<u>C</u>	
2. (a)	5071 SW 161 AV MIROMOR FL 33027	7 _(b) 1567	3SW 5201 Mirom	ar th 3302
2. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liabi	iling address of limited liability company: Note: MAY BE POST OFFICE BOX)	
3.	Date of filing/registration in Florida	4.	L14 0000 4651 Document number	3
5. (a)	Registered Agent and Registered Office shown on the records of	Cala Planida Dana a SO		
	Sugrez Fanny	the Fiorida Dept. of Si	rate:	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)		
	15653 SW 52 CH			
	Miramor FI	L 33027		TOCT
(b)	Enter name of NEW Registered Agent and/or NEW Registered	d Office address.	<u> </u>	9 00 m
		y Office addition.		OF STATE RPURATION
	Suarez Fanny	<u></u>		∵ 3
	NEW Registered Office Address: 15673 SW 52 d			- 70
	Miramar .FI	. 330Z7	_	
the chagent was/w	limited liability company is not organized under the la ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	of the registered offi iability company, it of the limited liability of imited liability of	ice and the business office t is hereby confirmed that t lity company or as otherwis	of the registered he change(s)
-	ature of a member or authorized refresentative of a member		Printed or typed name of sign	
provis the ob to mer notifie	eby accept the appointment as registered agent and age ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address, I sed in writing of this change. Muy fully use of Registered Agent	ree to act in this co e performance of m ed for in Chapter of hereby confirm tho	spacity. I further agree to a y duties, and I am familiar 05, F.S. Or, if this docume at the limited liability comp	comply with the with and accept nt is being filed any has been
	Division of Corporations • P.O.	Box 6327● Tallah	assee, FL 32314	

FILING FEE: \$25.00

INHS18 (2/14)