L23000045206

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(Citv	/State/Zip/Phone	e #)
(4)		
PICK-UP	MAIT	MAIL
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Certified Copies	Certificates	s of Status
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Special Instructions to F	iling Officer:	

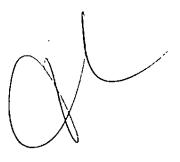




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10/02/23--01029--021 ++25.00





COVER LETTER

TO: Registration Section Division of Corporation	on prations		4	
ORION SOL	ARIS, LLC			
SUBJECT:		e of Limited I	Liability Company	
Dear Sir or Madam:				
The enclosed Registered	Agent/Registered Offi	ce Change and	d fee(s) are submitted for filing.	
Please return all correspon	ndence concerning thi	s matter to the	following:	
NATALIA GUZMAN				
Ŋ	lame of Person			
F	irm/Company		202	
12470 VITTORIA WAY			2023 OCT - 2 AM IO: 30	
	Address		-2	
FORT MYERS, FL 33912			SSEE AM O	<u>;</u>
City/	State and Zip Code		<u> </u>	,
natguzman06@gmail.com			•	
E-mail address: (to	oe used for future ann	ual report noti	fication)	
For further information co	oncerning this matter,	please call:		
NATALIA GUZMAN		863	370-6404	
		at ()	
Name of	Person		Area Code & Daytime Telephone Number	
Mailing Address Registration Sectorial Division of Comp.O. Box 6327 Tallahassee, FL	ction porations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Enclosed is a che	eck for the following	amount:		
2 \$25 Filing Fee			\$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.

	ame of the limited liability company:	12470 VITTO						
(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) TERS, F1. 33912				
	01/30/2023	- I.	,23000045206					
(a)	Date of filing/registration in Florida JUSTIN BLOHM	4.	Doo	cument numbe	r			
(a)	Registered Agent and Registered Office shown on the records of	f the Florida	Dept. of State:					
	Registered Office Address	ADDRESS)		:	<u> </u>	2023 OCT -2		
	FORT MYERS, FL.	33901 L		- -	: : : : : : : : : : : : : : : : : : :	CT -2	हं हैं स्टब्स्ट स्टब्स्ट	
(b)	NATALIA GUZMAN			ر د د د	KMA9955	AH		
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office add	ress:	: :	<u></u> 113-1	AM 10: 30		,
	NEW Registered Office Address: 12470 VITTORIA WAY							
	FORT MYERS	33912 1.						
nge nt v s/we arti	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members cles of organization or the operating agreement of the limited level of a member prauthorized representative of a member	e registered iability cort of the limited list	d office and the npany, it is her ted liability co ability compan IN BLOHM	e business office reby confirmed impany or as o	ce of the that the the the the the the the the the th	ne reg he cha se pro	istered inge(s)	
ierei ovisi obl mere	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as providely reflect a change in the registered office address. If in writing of this change.	ree to act i e performa ed for in Ci hereby col	in this capacity	v. I further agi	ree to c	compl	y with and according fit as been	he er ec

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