MICODODIM

(Re	questor's Name)				
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NCR National Corporate Research (Hong Kong) Limited, a Hong Kong Limited Company

NCR National Corporate Research (UK) Limited, Registered in England and Wales, Registry # 8010712

Albany • Charlotte • Chicago • Dover • Los Angeles • New York • Sacramento • Springfield • Tallahassee • Washington, D.C. • Hong Kong • London

Date: 06/24/2016	Account #: I20000000088					
Name: Tamara Clark						
Reference #: M080985						
ENTITY NAME: ORION CONTRACTING, LLC						
Articles of Incorporation/Authorization to Transact Business						
Amendment						
Annual Report						
Change of Agent						
Reinstatement						
Conversion						
Merger						
Dissolution/Withdrawal						
Fictitious Name						
Other:						
Authorized Amount: \$\frac{\Pi}{25.00}\$						
Signature: Danac 2 Clark						

COVER LETTER

TO:

Registration Section

	Division of Corporations				
SUBJE	rct. O	Orion Contracting, LLC			
50,000				iability Company	
Dear S	ir or Madam:				
The end	closed Registered Agent/Registered Off	fice Cha	nge and	fee(s) are submitted for filing.	
Please	return all correspondence concerning th	nis matte	r to the	following:	
	Kovin Durko				
	Kevin Burke Name of Person				
	Name of Person				
	Foundation Manageme	ent			
	Firm/Company			_	
	7645 Gate Parkway, Ste.	106			
	Address	··		_	
	Jacksonville, FL 3225	6			
	City/State and Zip Code				
	kburke@foundationmgt	net			
E-	-mail address: (to be used for future anr		rt notifi	cation)	
For furt	ther information concerning this matter.	please	call:		
	Stephanie Orr	at (_	866)621-3519	
	Name of Person			Area Code & Daytime Telephone Number	
	STREET/COURIER ADDRESS:	MAILING ADDRESS:			
	Registration Section	Registration Section			
	Division of Corporations	Division of Corporations			
	Clifton Building	P.O. Box 6327			
	2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314			
	Enclosed is a check for the following	amoun	t:		
	☐ \$25 Filing Fee		□ \$5	5 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. N	ame of the limited liability company:	Orion Co	ntracting, LLC
2. (a)	10151 University Blvd Suite 287 Orlando FL 32817	(b)	
(.,)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	- (0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
2	05/12/2016		M16000003848
3.	Date of filing/registration in Florida	4.	Document number
5. (a)			-
	Registered Agent and Registered Office shown on the records of the	•	te:
	501 Riverside Avenue Suite 6 Registered Office Address (MUST BE FLORIDA STREET AL		_
	Jacksonville, FL	332202	
(b)	National Corporate Research, Ltd., It	nc.	SA 25 P 20 P
	Enter name of NEW Registered Agent and/or NEW Registered O	ffice address:	من م
	115 North Calhoun Street, Suite 4	1	C OF STA
	NEW Registered Office Address:		O2:
		32301	_
the cha agent was/w	imited liability company is not organized under the laws ange or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the limited liab	he registered offic pility company, it i the limited liabilit	te and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany.
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee
I here provis the ob- to mer	by accept the appointment as registered agent and agree ions of all statules relative to the proper and complete pligations of my position as registered agent as provided pely reflect a change in the registered office address, I he d in writing of this change. Aut. Sentury	e to act in this cap erformance of my for in Chapter 60, reby confirm that	

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