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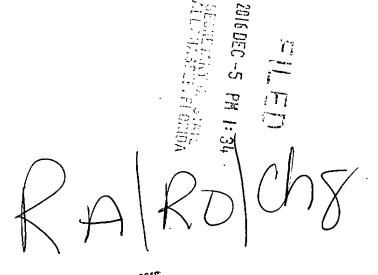
(Re	equestor's Name)	
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COVER LETTER

Division of Corporations			
SUBJECT: Orion-Side Corp Name of Corp	poration		
DOCUMENT NUMBER: P1400004802	9		
The enclosed Statement of Change of Registered Office/	Agent and fee are submitted for filing.		
Please return all correspondence concerning this matter t			
	. J		
Kyong S. Cyr	act Person		
Name of Conta	act reison		
Orion-side Co	rp		
Firm/Com	pany		
12818 S 01d 3	Jones Rd		
128/8 S 0/d 3 Addre	ss		
Floral City, FL 34436 City/State and Zip Code			
Buyhomes 1010 gmall. Com E-mail address: (to be used for future annual report notification)			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Kyong Cyr Name of Contact Person	at (571) 271-8386		
Name of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a \$35.00 check made payable to the Department of State.			
Mailing Address: Amendment Section Division of Corporations	Street Address: Amendment Section Division of Corporations		
P.O. Box 6327	Clifton Building		
Tallahassee, FL 32314	2661 Executive Center Circle		
	Tallahassee, FL 32301		

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FL
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Orion-Side Corp
2. The principal office address: 12818 S Old Jones Rd
Floral City, FL 34436
3. The mailing address (if different): Same as above
4. Date of incorporation/qualification: $5/30/2014$ Document number: 914000048029
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
Northwest Registered Agent 79 5
Northwest Registered Agent 3030 N. Rocky point Dr. Ste 150A
Tampa, FL 33607
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Kyong S. Cyr
P.O. Box NOT acceptable
P.O. Box NOT acceptable
Floral City, FL 34436
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
Signature of an ordinger or directory Signature of an ordinger or directory Printed or typed name and fitte
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
Lorong Cur 11/30/2016 Signature of Registered Agent Date
If signing on behalf of an entity:
Kyong S. Cyr Typed or Printed Name
* * * FILING FEE: \$35.00 * * *

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)