## L10000122445

(Requestor's Name)				
11601 BISCAYNE Blva (Address)				
Miami, Fl. 33184 (City/State/Zip/Phone #)				
(Address)				
Miami, Pl. 33184				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
•				
Certified Copies Certificates of Status				
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Special Instructions to Filing Officer:				
Special Instructions to Filing Officer:				
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Office Use Only



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FILED
12 JAN 19 PH 2: 02
SECRETARY OF STATE
ANASSEE, FLORIDA

## STATEMENT OF CHANGE OF REGISTERED OF REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company sübmits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

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1.	Nar	me of the limited liability company: Optim	us US 940 N.E. 170th St., L.L.C.	
2.	(a)	Principal office address of limited liability compar	ny: 11601 Biscayne Blvd.	
		(Note: MUST_BE STREET ADDRESS)	Unit 3204 Miami, FL 33184	
	(b)	Mailing address of limited liability company:	11601 Biscayne Blvd.	
		(Note: MAY BE POST OFFICE BOX)	<u>Unit 3204</u> Miami, FL 33184	
		11-24-10	L10000122445	
3.	Dat	e of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept of S			F- U	
		Registered Agent:	CT Corporation System	
		Registered Office Address:	1200 S. Pine Island Rd. SS GO F	
	(b)	Enter name of <b>NEW Registered Agent</b> and/or <b>NE</b>	FLC SI	
		NEW Registered Agent:	Carlos Castro	
		NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	c/o Castro & Ramirez P.A.  1805 Ponce de Leon Blvd., #500  Coral Gables ,FL33134	
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.  OPTIMUS US PROPERTIES HOLDINGS 1.1.C				

Signature of a member or authorized representative of a member

BY: RONAN GUILFOYLE, ITS MANAGER

Printed or typed name of signee

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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.

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(Note: MUST BE STREET ADDRESS)	Unit 3204 Miami, FL 33184
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11-24-10	L10000122445
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	CT Corporation System
Registered Office Address:	1200 S. Pine Island Rd. Print The Plantation, FL 33324
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	W Registered Office address: For ?
NEW Registered Agent:	Carlos Castro
NEW Registered Office Address:  (MUST BE FLORIDA STREET ADDRESS)	c/o Castro & Ramirez P.A.  1805 Ponce de Leon Blvd., #500  Coral Gables ,FL33134
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## BY: RONAN GUILFOYLE, ITS MANAGER

Printed or typed name of signee

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. Thereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent CARLOS CASTRO

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