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(R	equestor's Name)	
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COVER LETTER

Division of Corporatio	ns			
SUBJECT:	OPTIMA ONE RE	ALTY, INC	_	
	Name of Cor	rporation		
DOCUMENT NUMBER:	P110	00035053	-	
The enclosed Statement of Cha	nge of Registered Office/	Agent and fee are submitted for	filing.	
Please return all correspondence	e concerning this matter t	to the following:		
·	Ū	•		
	MARTIN S Name of Cont	PARKS	_	
	Name of Cont	act Person		
	OPTIMA ONE F	DEALTY INC		
· · · · · · · · · · · · · · · · · · ·	Firm/Con		-	
		_	_	
_ 84	095 College	Pluy Ste 125	$\mathcal{S}_{\mathcal{C}}$	
	Audic			
_ For	+ Myers, F	1 33919 Lip Code	_	
	Oty/State and	Zip Code		
	SPARKSELLSIT	@AOL.COM		
E-mail address: (to be used for future annual report notification)				
For further information concern	ning this matter, please ca	11:		
MARTIN SI	PARKS	at (239) 84	8-2070	
Name of Contac		at (239) 848 Area Code & Daytime Tele	phone Number	
Enclosed is a \$35.00 check made	de payable to the Departm	nent of State.		
<u>Mailin</u> Amen	g Address: dment Section	Street Address: Amendment Section		
	on of Corporations	Division of Corporation	ons	
	Box 6327	Clifton Building		
Tallahassee, FL 32314		2661 Executive Cente	r Circle	

Tallahassee, FL 32301

TO:

Amendment Section



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 23, 2011

MARTIN SPARKS OPTIMA ONE REALTY, INC. 8695 COLLEGE PKWY - STE. 1258 FORT MYERS, FL 33919

SUBJECT: OPTIMA ONE REALTY, INC.

Ref. Number: P11000035053

We have received your document for OPTIMA ONE REALTY, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton Regulatory Specialist II

Letter Number: 111A00019745

11 SEP -2 AM 8: 0
SECRETARY OF 8 (A)

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 tatement of change is submitted for a corporation organized under the laws of the State of Florida
The name of the corporation: Optima One Realty Unc. The principal office address: 8695 College Pluny Ste 1258 Fort Myun, Fl. 33979
. The mailing address (if different):
. Date of incorporation/qualification: 4/11/1/ Document number: 11000035053
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)
Martin Sparks
12393 Country Day Cir
Fort Myurs, FC 33913
The name and street address of the new registered agent (if changed) and /or registered office (if changed): Math J Spark
Martin J Sparks 2 3
3051 Anguilla Ave Plo. Box NOT acceptable Clermont FL 34711
3051 Anguilla Auc Plo. Box NOT acceptable Clermont, FL 34711
the street address of its registered office and the street address of the business office of its registered agent, s changed will be identical.
uch change was authorized by resolution duly adopted by its board of directors or by an officer so uthorized by the board, or the corporation has been notified in writing of the change.
Mater John SPARKS Signature of an object or director Printed or typed name and title
hercby accept the appointment as registered agent and agree to act in this capacity. further agree to comply with the provisions of all statutes relative to the proper and complete performance I my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this ocument is being filed merely to reflect a change in the registered office address, I hereby confirm that the orporation has been potified in writing of this change.
Mate Jah 8/25/4
Signing on behalf of an entity: Date
organing on oction of an oning.
Typed or Printed Name

* * * FILING FEE: \$35.00 * * *

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