## 643609

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	· .

Office Use Only



200292954312

12/12/16--01006--018 \*\*35.00



/3/12°N

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT: OLOCES REALTY, INC.

Name of Corporation

DOCUMENT NUMBER: 648609

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Vistra

Firm/Company

888 7th Avenue 5th Floor

Address

New York, NY 10019

City/State and Zip Code

waldo.mercado@vistra.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Waldo Mercado
Name of Contact Person

at (212) 500-6259
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
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
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 tatement of change is submitted for a corporation organized under the laws of the State of Florida	
tn order to change its registered office or registered agent, or both, in the State of Florida.	
. The name of the corporation: Oloces Realty, Inc.	
. The principal office address: 14-34 110TH STREET COLLEGE POINT, NY 11356 :	
	<u>.</u>
. The mailing address (if different):	-\
Date of incorporation/qualification: 12/18/1979 Document number: 648609	כֹ
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)	
KOPPEL, ROBERT M	
6690 HIATUS ROAD	
TAMARAC, FL 33321	
The name and street address of the new registered agent (if changed) and /or registered office (if changed):	
Incorporating Services, Ltd.	
1540 Glenway Drive	
P.O. Box NOT acceptable Tallahassee, FL 32301	
he 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.	
Waldo mercado - Autorizad Office	_
her by 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 erformance of my duties, and I am familiar with and accept the obligation of my position as registered gent. Or, if this document is being filed merely to reflect a change in the registered office address, I ereby confirm that the corporation has been notified in writing of this change.	
2412 day from Amil Sec. 11/15/16 Signature of Registered Agent Date	
signing on behalf of an entity:	
Zvjezdana Sijan, Assistant Secretary 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)