18000/63559

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Copies Certificates of Status
Il Instructions to Filing Officer:
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Office Use Only



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JAN 2 3 2020

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COVER LETTER

Registration Section Division of Corporations	
O2Prime Solutions, LLC	
	f Limited Liability Company
r or Madam:	
closed Registered Agent/Registered Office (Change and fee(s) are submitted for filing.
return all correspondence concerning this m	natter to the following:
e Moore	
Name of Person	
me Solutions, LLC	
Firm/Company	
Hidden Valley Lane	
Address	
ernon, IN 47620	
City/State and Zip Code	
e@o2primesolutions.com	
mail address: (to be used for future annual	report notification)
her information concerning this matter, ple	ase call:
e Moore	812 457-1107
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following am	ount:
☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
(2/14)	

EMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

nt to the provisions of sections 605.0114 or 605.0116. Florida Statutes, the undersigned limited liability company the following statement in order to change its registered office or registered agent, or both, in the State of t.

me of the limited liability company: OZPrime Soluti	——————————————————————————————————————
O2Prime Solutions, LLC	(b) O2Prime Solutions, LLC
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
4937 Trinton Ct. W	6625 Hidden Valley Lane
Cape Coral, FL 33904	Mt. Vernon, IN 47620
07/06/2018	L18000163559
Date of filing/registration in Florida	4. Document number
Gary M Zakutney	
Registered Agent and Registered Office shown on the records of the	e Florida Dept. of State:
Gary M Zakutney	
Registered Office Address (MUST BE FLORIDA STREET AL	DDRESS)
1970 Running Horse Trail	
St. Cloud, FL_3	HILL IN THE CONTROL OF THE CONTROL O
Dannetta Hiatt	
Enter name of NEW Registered Agent and/or NEW Registered O	SECRETARY SECRETARION PRINCIPLE DIffice address:
NEW Registered Office Address:	<u>. </u>
4937 Triton Ct. W	
Cape Coral, FL_3	33904
nge or changes are made, the Florida street address of the real limited liable real authorized by an affirmative vote of the members of these of organization or the operating agreement of the liable ure of a member or authorized representative of a member	s of the State of Florida, it is hereby confirmed that after he registered office and the business office of the registered oility company, it is hereby confirmed that the change(s) the limited liability company or as otherwise provided in mited liability company. Darline Moore Printed or typed name of signee to act in this capacity. I further agree to comply with the erformance of my duties, and I am familiar with and accept for in Chapter 605, F.S. Or, if this document is being filed breby confirm that the limited liability company has been