The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.				
SIGNATURE	: MIREN OCA			02/11/2019
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	P, D	Title	VP	
Name	OCA, MIREN	Name	OCA, MIREN	
Address	8675 SW 64 STREET	Address	8675 SW 64 STREET	
City-State-Zip:	MIAMI FL 33143	City-State-Zip:	MIAMI FL 33143	
Title	S,T			
Name	OCA, MIREN			
Address	8675 SW 64 STREET			

Current Mailing Address: 8675 SW 64 STREET

FEI Number: 81-0753718

Name and Address of Current Registered Agent:

OCA, MIREN E 8675 SW 64TH ST MIAMI, FL 33143 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MIREN E OCA

City-State-Zip: MIAMI FL 33143

Electronic Signature of Signing Officer/Director Detail

MIAMI, FL 33143 US

DOCUMENT# P15000097183

Entity Name: OCAQUATICS 4, INC.

Current Principal Place of Business:

11101 SW 176 STREET MIAMI, FL 33157

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED Feb 11, 2019 Secretary of State 3286739927CC

Certificate of Status Desired: Yes

02/11/2019 Date

Ρ