## F080000001128

(Re	questor's Name)	•
. (Ad	dress)	
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(Cit	y/State/Zip/Phone	<del>9</del> #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	of Status
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RARD Ch8

## **COVER LETTER**

TO: Amendment Section Division of Corporat	ions		
SUBJECT: OTS USA	, INC (cross reference) Name of C	ence: OTS Corporation	ation)_
DOCUMENT NUMBER:_	F080	000002728	
The enclosed Statement of C	hange of Registered Office	e/Agent and fee are submi	tted for filing.
Please return all corresponde	nce concerning this matter	to the following:	
	Pam ⊦	lallum	
<del></del> :	Name of Cor	ntact Person	
Chambliss Bahner & Stophel, P.C. Firm/Company			
	rinivee	трану	
	1000 Tallan Bldg.,	Two Union Square	
	Addi		
	Chattanooga City/State an	a, TN 37402	
	City/State an	nd Zip Code	<del></del>
	phallum@cbsl	lawfirm.com	
E-mail a	ddress: (to be used for fi		ication)
For further information conce	erning this matter, please o	all:	
Pam H	lallum		224 0420
Name of Cont		at ( <u>423</u> ) Area Code & Dayti	me Telephone Number
Enclosed is a \$35.00 check m	ade payable to the Depart	ment of State.	
<u>Mail</u> Ame	ing Address: endment Section	Street Address: Amendment Se	
	sion of Corporations	Division of Co	
	Box 6327	Clifton Buildin	•
Talla	ahassee, FL 32314		e Center Circle
		Tallahassee, F	L 32301

TO:



## FLORIDA DEPARTMENT OF STATE Division of Corporations

March 5, 2010

ADRIANNE RIVERA
PARANET CORPORATION SERVICES, INC.
3675 CRESTWOOD PARKWAY - STE. 350
DULUTH, GA 30096

SUBJECT: OTS USA, INC. Ref. Number: F08000002728

We have received your document for OTS USA, 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):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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: 810A00005488

DHAR 19 AM 8: 00

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	the corporation: OTS USA, INC. (cross reference: OTS CORPORATION)
2. The principa	l office address: 220 Merrimon Avenue, Weaverville, NC 28787
3. The mailing	address (if different):
4. Date of incor	rporation/qualification: 06/18/2008 Document number: F08000002728
	nd street address of the current registered agent and registered office on file with the artment of State: (If resigned, enter resigned)
	David Stubbers
	301 21st Street
	Bradenton, FL 34208
6. The name an (if changed):	Bradenton, FL 34208  Indicate the street address of the new registered agent (if changed) and /or registered office  NRAI Services, Inc.  2731 Executive Park Drive, Suite 4  P.O. Box NOT acceptable
	NRAI Services, Inc.
	2731 Executive Park Drive, Suite 4
	P.O. Box NOT acceptable  Weston, FL 33331
The street addr	ress of its registered office and the street address of the business office of its registered agent,
as changed wil	l be identical.
Such change wanthorized by t	vas authorized by resolution duly adopted by its board of directors or by an officer so the board, of the corporation has been notified in writing of the change.
Signati	B. Kenneth Driver, President  Printed or typed name and little
I hereby accep I further agree of my duties, a document is be corporation ha	t the appointment as registered agent and agree to act in this capacity.  to comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this sing filed merely to reflect a change in the registered office address, I hereby confirm that the sis been notified in writing of this change.
Eilea	gnature of Registered Agent Date
Eileer	gnature of Registered Agent Date  n Chaddock ehalf of an entity:
Eileen Ch	addock Typed or Printed Name
Special A	sst. Secretary *** FILING FEE: \$35.00 ***
	MAKE CHECKS PAYARI E TO FLORIDA DEPARTMENT OF STATE

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)