

F10 000003456

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

[Handwritten signature]
10/1/10

Optima International of Miami

200 S Biscayne Blvd, Suite 3660, Miami, FL 33131

Phone: 305-375-7560 Fax: 305-375-7561

October 11, 2010

VIA U.S. MAIL ONLY

Suzanne Hawkes
Regulatory Specialist II
Division of Corporations
2661 Executive Center Circle
Tallahassee, Florida 32301

RE: Change of Registered Agents/ Florida

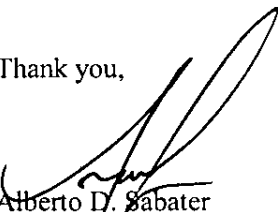
Dear Ms. Hawkes:

I am enclosing with this letter (3) forms of Request for Registered Agent changes. The forms include: Warren Steel Holdings, LLC. , Optima Fixed Income, LLC. and Felman Production, Inc. These forms were originally sent with Optima Industrial Management, LLC. (Felman Production, Inc. was the intended corporation, NOT Optima Industrial Management, LLC.). We ask that you please replace Optima Industrial Management, LLC. filing fee of \$ 35.00 and credit it towards the filing of Felman Production, Inc.

As well, we believe there is an over payment of \$20.00 for the filing fees of Warren Steel Holdings, LLC. and Optima Fixed Income, LLC.. Please remit this payment to the attention of Robert Powell.

Please if you have any questions please feel free to contact me at (305) 357-4421 or (786) 267-3204.

Thank you,



Alberto D. Sabater
Paralegal to Robert Powell

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Felman Production, Inc.
Name of Corporation

DOCUMENT NUMBER: F10000003456

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:

Robert Powell
Name of Contact Person

Optima Industrial Management, LLC.
Firm/Company

200 S. Biscayne Blvd, Suite 3660
Address

Miami, Florida 33133
City/State and Zip Code

r.powell@optimaacquisitions.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Powell at (305) 357-3883
Name of Contact Person 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 statement of change is submitted for a corporation organized under the laws of the State of Delaware in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Felman Production, Inc.
2. The principal office address: 200 S. Biscayne Blvd. Suite 3660
Miami, Florida 33133
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 07/30/2010 Document number: F10000003456

5. 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)

Corporate Creations Network, Inc.

11380 Prosperity Farms Road #221E

Palm Beach Gardens, Florida 33410

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Robert Powell

200 S. Biscayne Blvd. Suite 3660

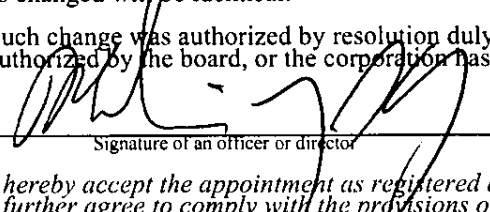
P.O. Box NOT acceptable

Miami, Florida 33133

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TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

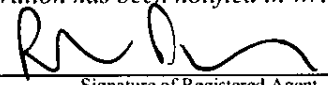


Signature of an officer or director

Mordechai Korf, President

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.



Signature of Registered Agent

09/06/2010

Date

If signing on behalf of an entity:

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 (8/05)