## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

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From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)694-1639

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## REGISTERED AGENT CHANGE OPTIMA NETWORK SERVICES, INC.

Certificate of Status	0
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Page Count	02
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7/15/14 10:20 AM

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## 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 California in order to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation: OPTIMA NETWORK SERVICES, INC.	
2. The principal office address: 15345 Fairfield Ranch Rd, Suite 225 Chino Hills, CA 91709	
3. The mailing address (if different): 800 S DOUGLAS RD, PENTHOUSE CORAL GABLES, FL 33134	
4. Date of incorporation/qualification: 08/15/2012 Document number: F12000003398	
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, FL 33410	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	
CORPORATION SERVICE COMPANY	177
1201 HAYS STREET	$\Box$
P.O. Box NOT acceptable	
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.	
Angela Martin, Attorney-in-Fact	
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.	
7/15/14	
Signature of Registered Agent Date	
If signing on behalf of an entity:	
Angela Martin, Attorney-in-Fact Typed or Printed Name	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

\* \* \* FILING FEE: \$35.00 \* \* \*