716000004089

| (Re | questor's Name) | |
|-------------------------|--------------------|------------------|
| | | |
| (Ad | dress) | |
| | | |
| (Ad | dress) | |
| · | • | |
| | ry/State/Zip/Phone | |
| (Cit | y/State/Zip/Filoli | υ π) |
| PICK-UP | MAIT | MAIL |
| | | |
| (Bu | siness Entity Nar | me) |
| (= :: | - | , |
| (D- | | |
| (100 | cument Number) | |
| | | |
| Certified Copies | _ Certificates | s of Status |
| | | |
| Special Instructions to | Filing Officer | |
| Openial mellacette te | r ming Gridon, | |
| | | |
| 1 | | |
| | | |
| | | |
| | | |
| ! | | |
| | - | |

Office Use Only



000291646960

11/03/16--01009--007 **35.00



WHILL

COVER LETTER

| TO: | Amendment Section Division of Corporations | |
|---|--|---|
| SUBJ: | BJECT: Optimal Actuation Name of Corp | oration oration |
| DOC | CUMENT NUMBER: <u> </u> | ? 9 |
| The er submit | enclosed Affidavit by Foreign Corporation to Chang mitted for filing. | e/Add Officer(s) and/or Director(s) and fee are |
| Please | se return all correspondence concerning this matter to | the following: |
| | Name of Contact Person | |
| *************************************** | Optimal Actuation Inc. Firm/Company | _ |
| - | 1446 Hendricks Auc 20: Address | 3. |
| | Jackson v. 1 le FL 32207 City/State and Zip Code | _ |
| <u>E</u> | E-mail address: (to be used for future annual report notifie | 2 m |
| For fu | further information concerning this matter, please call | : |
| _1 | Name of Contact Person at (904) Area Cod |) 477-3369 e & Daytime Telephone Number |
| Enclos | losed is a check made payable to the Florida Departm | ent of State for the following amount: |
| ļ | Certificate of Status Cert (Add | 75 Filing Fee & \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) |
| | Amendment Section Amendment Section Division of Corporations Division P.O. Box 6327 Cliftor Tallahassee, FL 32314 2661 | t Address: Indment Section It ion of Corporations In Building Executive Center Circle It hassee, FL 32301 |



12. . . .

CR2E127 (8/08)

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

AFFIDAVIT BY FOREIGN CORPORATION TO CHANGE/ADD OFFICER(S) AND/OR DIRECTOR(S)

| (Note: | Applicable only during the first of | alendar year of qualific | cation) | | |
|--|---|---|--|----|--|
| 1. The name of the forei | ign corporation as it appears on the | he records of the Florid | a Department of State is: | | |
| Optima | 1 Actuation | , Inc. | | | |
| 2. This entity was authorized to transact business in Florida on 9/7/2016 and its Florida document | | | | | |
| number is F16 | 90000 4089 | | | | |
| 3. This corporation was | formed under the laws of | elaware | NON -3 | T. | |
| 4. The name and addres | s of each officer and/or director i | is as follows: | 15. J | 1 | |
| Title: | | Name and Address | | 0 | |
| Treasurer | | James M. | 1 ilbrook in | | |
| | | 4446 Hen | dricks Ave 200 | ţ | |
| | | Jacksonv.11 | C, FC 32207 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| دان کی سبب می به افغاند میپ دارای افغاند کی به این از دانان | | | | | |
| | | | | | |
| | (Attach additional pages i | if necessary) | | | |
| lenent for once | | President | | | |
| ignature of an officer or directo | | President Title of person | signing | | |
| ped or printed name of person | Bigning | FILING FEE \$3 | | | |
| | Make checks pay | yable to Florida Departmerporations PO Box 6327 | ent of State and Mail to: Tallahassee, FL 32314 | | |
| j | Terretain to trott and I destinated the party | | | | |