

F97000001774

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

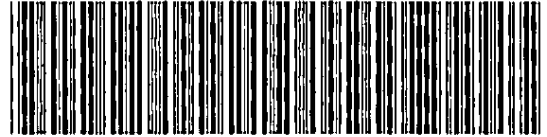
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

wrong form

Office Use Only



400324063204

02/06/19--01025--009 \*\*35.00

FILED  
2019 MAR 20 AM 9:39  
TALLAHASSEE, FL

RECEIVED  
MAR 21 2019



**FLORIDA DEPARTMENT OF STATE**  
**Division of Corporations**

February 13, 2019

**CHRISTINE TREJGIER**  
**600 BRICKELL AVE., STE 1725**  
**MIAMI, FL 33131**

**SUBJECT: OCASA, INC.**  
**Ref. Number: F97000001774**

We have received your document for OCASA, 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 form you submitted is for a Florida profit corporation, but your entity is a Foreign profit corporation. Please complete and return the enclosed blank form(s).

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) 245-6050.

Rebekah White  
Regulatory Specialist II

Letter Number: 419A00003159

RECEIVED

2019 MAR 20 PM 1:00

SECRETARY OF STATE  
TALLAHASSEE, FL

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Ocasa, Inc.

Name of Corporation

**DOCUMENT NUMBER:** F97000001774

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:

Christiane Trejgier

Name of Contact Person

Private Advising Group, P.A.

Firm/Company

600 Brickell Ave., Suite 1725

Address

Miami, FL 33131

City/State and Zip Code

ines@pag.law

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christiane Trejgier

Name of Contact Person

at ( 786 ) 292 1599

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 New York in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: Ocasa, Inc.
2. The principal office address: 3450 NW 113 COURT, MIAMI, FL 33178
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 04/07/1997 Document number: F97000001774

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)

LAW OFFICE OF CARLOS A. ROMERO, JR., P.A.  
804 SOUTH DOUGLAS ROAD, SUITE 365  
CORAL GABLES, FL 33134

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

CT CORPORATION SYSTEM

1200 S. PINE ISLAND ROAD

P.O. Box NOT acceptable

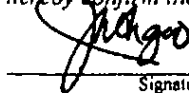
PLANTATION, FL 33324

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.

 ALEJANDRO ONOFRIO, DIRECTOR  
Signature of an officer or director 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.*

 Judith Argao  
Vice President  
and Assistant Secretary  
Signature of Registered Agent

3-19-19

Date

If signing on behalf of an entity:

CT CORPORATION SYSTEM  
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 (03/12)

2019 MAR 26 AM 9:39  
FILED  
TALLAHASSEE, FL