L05000009503

(Requestor's Name)			
(Address)			
(Address)			
(C) (O) (C) (D) (C)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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SECRETARY OF STATE

COVER LETTER

Division of Corporation	ns	
SUBJECT:	OTA	K LLC
	Name of Limited Lia	ability Company
Dear Sir or Madam:		
The enclosed Registered Ager	t/Registered Office Char	nge and fee(s) are submitted for filing.
Please return all corresponder	ce concerning this matter	r to the following:
	ni Kato	
Name of	erson	
OTA/ Firm/Con		
14845 S	N 50 Ct.	
Addres		
Davie, F City/State and		
ypedrokto E-mail address: (to be used for fu	@aol.com ure annual report notification)	
For further information conce	ming this matter, please of	call:
Yasushi Kato	at (<u>3</u> 0	05) 206-2111
Name of Person		Area Code & Daytime Telephone Number
STREET/COURIER A Registration Section Division of Corporation Clifton Building 2661 Executive Center of Tallahassee, Florida 323	: Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check f	or the following amount	t:
\$25 Filing Fee		\$55 Filing Fee & Certified Copy

TO: Registration Section

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

Name of the limited liability company:	OTAK LLC
2. (a) Principal office address of limited liability compan	y:
(Note: MUST BE STREET ADDRESS)	1458 Garden Rd Weston, FL 33326
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	1458 Garden Rd Weston, FL 33326
01/31/2005	L0500009503
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	Yasushi Kato
Registered Office Address:	1458 Garden Rd. Weston, FL 33326
(b) Enter name of NEW Registered Agent and/or NE	W Registered Office address:
NEW Registered Agent:	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	14845 SW 50 Ct.
(MUST BE PLURIDA STREET ADDRESS)	Davie ,FL 33331
If the limited liability company is not organized under the confirmed that after the change or changes are made, the I and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability compans. Signature of a member or authorized representative of a member Yasushi Kato Printed or typed name of signee I hereby accept the appointment as registered agent and	Florida street address of the registered office atical. Or, in the case of a Florida limited s) was/were authorized by the affirmative vote arwise provided in the articles of organization by. AHADRY OF STAND TO THE PROPERTY OF STAND TO THE PROPE
Thereby decept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my panders, I hereby confirm that the limited liability companies. Signature of Registered Agent	roper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office ny has been notified in writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00