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J. BRYAN

MAY 18 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
	ered Agent and company address d Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this n	natter to the following:
Thierry C Watters Name of Person	
Name of Ferson	
Optima Marketing USA LLC Firm/Company	O9 MAY 15 PH 1: 02 SECRETARY OF STATE FALLAHASSEE, FLORIT
900 Bay Dr, Apt 825	AY 15 PH I
Address	E F F S
Miami Beach, FL 33141 City/State and Zip Code	TATE ORIDA
tw@optimamkt.com	
E-mail address: (to be used for future annual report notification	on)
For further information concerning this matter, ple	ase call:
Thierry C Watters at (at (954) 850 5559 Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following am	ount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

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:	Optima Marketing USA LLC	
2. (a) Principal office address of limited liability comp	pany: 900 Bay Dr, Apt 825	l
(Note: MUST BE STREET ADDRESS)	Miami Beach, FL 33141	
(b) Mailing address of limited liability company:	900 Bay Dr, Apt 825	
(Note: MAY BE POST OFFICE BOX)	Miami Beach, FL 33141	
02/23/2006	L06000020079	
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:	Thierry C Watters	
Registered Office Address:	19318 E Country club dr Aventura, FL 33180	1
(b) Enter name of NEW Registered Agent and/or N	NEW Registered Office address:	5 PH
NEW Registered Agent:	Thierry C Watters	-
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	900 Bay Dr. Apt 825	2
	Miami Beach ,FL3314	41
If the limited liability company is not organized under t confirmed that after the change or changes are made, th and the business office of the registered agent will be id liability company, it is hereby confirmed that the chang of the members of the limited liability company or as or or the operating agreement of the limited liability comp	ie(c) wachware authorized by an affirmativa	woto
Thierry C Watters Printed or typed name of signee	<u> </u>	
I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 600 F.S. Or, if this cocument is being filed to address. I hereby confirm that the limited liability comp	nd agree to act in this capacity. I further as a proper and complete performance of my d o position as registered agent as provided fo merely reflect a change in the registered o pany has been notified in writing of this cha	gree to uties, or in ffice inge.