

107 0000 58608

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

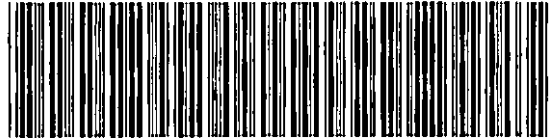
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OPTIMUM ASSOCIATES, LLC

(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

MARTY SELDMAN

(Contact Person)

MANAGER, OPTIMUM ASSOCIATES, LLC

(Firm/Company)

1569 Solano Avenue #115

(Address)

Berkeley, CA 94707

(City/State and Zip Code)

For further information concerning this matter, please call:

Joshua Heller

(Name of Contact Person)

at (305) 9843456

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

1. Name of the limited liability company: OPTIMUM ASSOCIATES, LLC

2. (a) 3115 NW 84 Terrace, Cooper City, FL 33024 (b) 3115 NW 84 Terrace, Cooper City, FL 33024
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

06/04/2007

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3. Date of filing/registration in Florida 4. Document number

5. (a) JOHN FUTTERKNECHT
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (**MUST BE FLORIDA STREET ADDRESS**)

3115 NW 84 Terrace, Cooper City, FL 33024

(b) MARTY SELDMAN
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

3115 NW 84 Terrace, Cooper City, FL 33024

NEW Registered Office Address:

3115 NW 84 Terrace, Cooper City, FL 33024

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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Marty Seldman

MARTY SELDMAN

Signature of a member or authorized representative of a member

Printed or typed name of signee

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Marty Seldman

Signature of Registered Agent