## L08000103431

(1	Requestor's Name)			
(,	Address)			
(,	Address)			
(1	City/State/Zip/Phone #)			
PICK-UP	☐ WAIT ☐ MAIL			
(1	Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				
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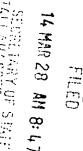
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JERUSTRENED SIME

C. LEWIS

MAR 3 1 2014

EXAMINER



CORPDIRECT AGEI 515 EAST PARK AVI TALLAHASSEE, FL 222-1173	EMUE: 1	merly CCRS)	• ••
FILING COVER'S ACCT. #FCA-23	SHEET		
CONTACT:	RICKY SOT	<u>'O</u>	
DATE:	03/28/2014		
REF. #:	9097697		
CORP. NAME:	OPTIMA M	ANAGEMENT GROUP LLC	
( ) ARTICLES OF INCO	PRPORATION	( ) ARTICLES OF AMENDMENT	( ) ARTICLES OF DISSOLUTION
( ) ANNUAL REPORT		( ) TRADEMARK/SERVICE MARK	( ) FICTITIOUS NAME
( ) FOREIGN QUALIFIC	CATION	( ) LIMITED PARTNERSHIP	( ) LIMITED LIABILITY
( ) REINSTATEMENT		( ) MERGER	( ) WITHDRAWAL
( ) CERTIFICATE OF C	CANCELLATION		
(XX) OTHER: CHANGE	OF AGENT FILIN	G.	
STATE FEES PF	REPAID WI	TH CHECK# <u>70017535</u> FOR S	§ <u>25.00</u>
AUTHORIZATI	ON FOR A	CCOUNT IF TO BE DEBITE	CD:
		COST LI	MIT: \$
PLEASE RETU	RN:		
( ) CERTIFIED COPY	( ) <b>C</b>	ERTIFICATE OF GOOD STANDING	(XX) PLAIN STAMPED COPY
( ) CERTIFICATE O	FSTATUS		

Examiner's Initials

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

Pursuant to the provisions of sections 605.0114, 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	y company: OPTIMA MAN	AGEMENT GROUP LLC	
2. (a) Principal office address (Note: MUST BE ST	of limited liability com REET ADDRESS	pany: 200 SOUTH BISCAYNE BLVD 55TH FLOOR MIAMI, FL 33131	
(b) Mailing address of limit (Note: MAY BE POS	ted liability company: TOFFICE BOX	200 SOUTH BISCAYNE BLVD 55TH FLOOR MIAMI, FL 33131	20 F
11/05/2008		L08000103431	55.5
3. Date of filing/registration in	Florida	4. Document number	Mig
5. (a) Registered Agent and R	Registered Office shown	on the records of the Florida Dept.	of State: GE
Registered Agent:		SCHOCHET, CHAIM	<u> Su</u>
Registered Office Address:		200 SOUTH BISCAYNE BLVD 55TH FLOOR	
		MIAMI, FL 33131	
NEW Registered Agent NEW Registered Office (MUST BE FLORIDA	e Address:	National Corporate Research  155 Office Plaza Driv	
		. Tallahassee ,	FL 32301
confirmed that after the change and the business office of the re liability company, it is hereby c	or changes are made, the egistered agent will be interested agent will be interested that the change of the change of the company or as other than the company of the compa	the laws of the State of Florida, it is ne Florida street address of the regist dentical. Or, in the case of a Florida ge(s) was/were authorized by an affirerwise provided in the articles of orgay.	ered office limited mative vote of
pignature of a memoet of anniorized repre	ezentana or a member		
CHAIM SCHOCHET  Printed or typed name of signee  I hereby accept the appointment comply with the provisions of a and I am familiar with and acceptances, I hereby confirm that the Manual Chapter 605, F.S. Or, if this acceptances, I hereby confirm that the Manual Chapter 605 Registered Agent	nt as registered agent as il statutes relative to the ept the obligations of m icument is being filed to he limited liability com	nd agree to act in this capacity. I fur e proper and complete performance of y position as registered agent as pro o merely reflect a change in the regis pany has been notified in writing of t	rther agree to of my duties, vided for in tered office this change.

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

INHS18 (12/13)