L10000122098

		•
(Requestor's Name)		
11601 BISCOUNE BIVE		
(Address)		
Unit 3204 (Address)		
(Address)		
Miami	М.	33184
Miami, Fl. 33184 (City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
•		
Certified Copies Certificates of Status		es of Status
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Special Instructions to Filing Officer:		
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Office Use Only



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SECRETARY OF STATE
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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.

1. Name of the limited liability company:Optimus	US 801 N.W. 47th Ave. II, L.L.C.		
2. (a) Principal office address of limited liability company	: 11601 Biscayne Blvd.		
(Note: MUST BE STREET ADDRESS)	Unit 3204 Miami, FL 33184		
(b) Mailing address of limited liability company:	11601 Biscayne Blvd.		
(Note: MAY BE POST OFFICE BOX)	Unit 3204 Miami, FL 33184		
11-24-10	L10000122098		
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:	CT Corporation System		
Registered Office Address:	1200 S. Pine Island Rd. ATT AND Plantation, FL 33324		
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:			
NEW Registered Agent:	Carlos Castro		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	c/o Castro & Ramirez P.A. 1805 Ponce de Leon Blvd., #500 Coral Gables ,FL33134		
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. OPTIMUS US PROPERTIES HOLDINGS, L.L.C. Signature of a member of a thorized representative of a member			
BY: RONAN GUILFOYLE, ITS MANAGER Printed or typed name of signee			
I hereby accept the appointment as registered agent and ag comply with the provisions of all statutes relative to the pro- and I am familiar with and accept the obligations of my pos Chapter 608, F.S. Or, if this document is being filed to mer address, I hereby confirm that the limited liability company	ree to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.		

Signature of Registered Agent

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FÖR 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.

agent, or same managers	
1. Name of the limited liability company:Or	otimus US 801 N.W. 47th Ave. II, L.L.C.
2. (a) Principal office address of limited liability of	company: 11601 Biscayne Blvd.
(Note: MUST BE STREET ADDRESS)	Unit 3204
	Miami, FL 33184
(b) Mailing address of limited liability compan	y: 11601 Biscayne Blvd.
(Note: MAY BE POST OFFICE BOX)	Unit 3204
	Miami, FL 33184
11-24-10	L10000122098
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office sho Registered Agent: Registered Office Address:	Own on the records of the Florida Dept. of State: CT Corporation System 1200 S. Pine Island Rd. Plantation, FL 33324
(b) Enter name of <u>NEW Registered Agent</u> and	Vor NEW Registered Office address:
NEW Registered Agent:	Carlos Castro
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRES	c/o Castro & Ramirez P.A. 1805 Ponce de Leon Blvd., #500 Coral Gables ,FL33134
liability company, it is hereby contirmed that the cl	le, the Florida street address of the registered office be identical. Or, in the case of a Florida limited nange(s) was/were authorized by an affirmative vote as otherwise provided in the articles of organization ompany.

Signature of a member or authorized representative of a member

BY: RONAN GUILFOYLE, ITS MANAGER

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 608, 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.

Signature of Registered Agent CARLOS CASTRO

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