L10000122113

(Requestor's Name)				
11601 R	siscay	ne Blud		
11601 BISCAYNE Blud (Address)				
Unit 3204 (Address)				
Miami,				
	y/State/Zip/Pho			
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PICK-UP	MAIT WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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Certified Copies Certificates of Status				
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Special Instructions to Filing Officer:				
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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.

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1.	Na	Name of the limited liability company: Optimus US 8909 Irving Ave., L.L.C.		
2.	(a)	Principal office address of limited liability compan	y: 11601 Biscayne Blvd.	
	()	(Note: MUST BE STREET ADDRESS)	Unit 3204	
		(Note: MOST BE STREET ADDRESS)	Miami, FL 33184	
	(b)	Mailing address of limited liability company:	11601 Biscayne Blvd.	
		(Note: MAY BE POST OFFICE BOX)	Unit 3204	
		MALE MAT BET OST OFFICE BOX	Miami, FL 33184	
		11-24-10	L10000122113	
3.	Dat	te of filing/registration in Florida	4. Document number	
5.	•	Registered Agent and Registered Office shown on Registered Agent: Registered Office Address:	CT Corporation System 1200 S. Pine Island Rd. Plantation, FL 33324 Plantation, FL 33324 Plantation	
	(b)	Enter name of \underline{NEW} Registered Agent and/or \underline{NE}		
		NEW Registered Agent:	Carlos Castro	
		NEW Registered Office Address:	c/o Castro & Ramirez P.A.	
		MUST BE FLORIDA STREET ADDRESS)	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 PROPRATIES HOLDINGS, L.L.C.

Signature of a member or authorized representative of a member

BY: RONAN GÜILFOYLE, 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

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.

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Name of the limited liability company:Optim	us US 8909 Irving Ave., L.L.C.		
2. (a) Principal office address of limited liability company	y: 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)	<u>Unit 3204</u> <u>Miami, FL 33184</u>		
11-24-10	L10000122113		
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. Plantation, FL 33324		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :	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 I confirmed that after the change or changes are made, the FI and the business office of the registered agent will be identifiability 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 company OPTIMUS US PROPERTIES HOLDINGS, L.L.C.	orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization.		
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 as 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	gree 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 CARLOS CASTRO

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