111000024256

| (Re | equestor's Name) | |
|---|----------------------|-----------|
| (Ac | ldress) | |
| (Ac | ldress) | |
| (6) | ndChaha (7) a lDhana | - 40 |
| (Cr | ty/State/Zip/Phone | ∍ #) |
| PICK-UP | WAIT | MAIL |
| (Business Entity Name) | | |
| (Document Number) | | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to Filing Officer: | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



700298807247

05/12/17--01006--023 **25.00

17 MAY 12 AM 9: 20
SECRETARY OF STATE
TALL SHARKEE ELOPIN

S Warren MAY 1 5 2017

COVER LETTER

| TO: Registration Section Division of Corporations | | | |
|---|--|--|--|
| | | | |
| SUBJECT: ODCT Family Company LLC Name of Limited Liability Company | | | |
| Name of Limited 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 matter to the following: | | | |
| | | | |
| Alejandro Grigorow | | | |
| Name of Person | | | |
| Alejandro Grigorow Name of Person | | | |
| Firm/Company | | | |
| | | | |
| 3098 Rodrick civile Address | | | |
| Address | | | |
| Orlando FL. 32824 | | | |
| Orlando, FL. 32824 City/State and Zip Code | | | |
| | | | |
| E-mail address: (to be used for future annual report notification) | | | |
| For further information concerning this matter, please call: | | | |
| Marandra Coc anno | | | |
| Name of Person at (407.) 4099441 Area Code & Daytime Telephone Number | | | |
| STREET/COURIER ADDRESS: MAILING ADDRESS: | | | |
| Registration Section Registration Section | | | |
| Division of Corporations Division of Corporations | | | |
| Clifton Building P.O. Box 6327 | | | |
| 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 | | | |
| Enclosed is a check for the following amount: | | | |
| □ \$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 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: ODCT | Family Company | |
|---|---|--|
| 2. (a) 3098 Rodrick circle | (b) 3098 Rodrick circle | |
| Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | |
| Orlando, FL. 32824 | Orlando, FL. 32824 | |
| | • | |
| | | |
| 02/25/2011 | L11000024256 | |
| 3. Date of filing/registration in Florida | 4. Document number | |
| 5. (a) Jesus Aveledo | | |
| Registered Agent and Registered Office shown on the records of | he Florida Dept. of State: | |
| 201 S Biscayne Blvd | Z e t | |
| Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | | |
| | | |
| Mami, FL | 33131 EF P ■ D | |
| Alara dag Cas a | F ST/ FLO | |
| (b) Alyamaro (01.8000) Enter name of NEW Registered Agent and/or NEW Registered | | |
| | ZINT MINITE | |
| 3098 Rodrick circle | | |
| NEW Registered Office Address: | | |
| | | |
| Orlando | | |
| Trackas , FL | 32824 | |
| If the limited liability company is not organized under the lay | | |
| the change or changes are made, the Florida street address of agent will be identical. Or, in the case of a Florida limited lia | ability company, it is hereby confirmed that the change(s) | |
| was/were authorized by an affirmative vote of the members of the articles of organization or the operating agreement of the | f the limited liability company or as otherwise provided in | |
| | | |
| Signature of the laber or authorized representative of a member | Alexandro Grigorou Printed or typed name of signer | |
| I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete | ee to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and accept | |
| I herely accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete the obligations of my position as registered agent as provided to merely reflect a change in the registered office address, I | I fór in Chaptér 605, F.S. Or, if this document is being filed iereby confirm that the limited liability company has been | |
| notified in writing of this change. | | |
| Signature of Registered Agent | | |