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To:

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 submus 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:	OTA, LLC.

2. (a	6240 LAKE OSPREY DRIVE	(b)	6240 LAKE OSPREY I	DRIVE	
2. (4	Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>)		Mailing address	s of limited liability compat <u>RE POST OFFICE BOX</u>	-
	SARASOTA. FL 34240		SARASOTA, FL 34240		
	09/26/2011	l	_11000110017		
3.	Date of filing/registration in Florida	4.	Document r	umber	
5. (;	NUSSELL ALLEN				
J. (1)	Registered Agent and Registered Office shown on the record 6240 LAKE OSPREY DRIVE	Dept, of State:			
	Registered Office Address (MUST BE FLORIDA STRI				
	SARASOTA	, FL_34240			
(b)	C T Corporation System			1023 N	:
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regist</u>	<u>f(5)</u> ;	1023 NON-CO F		
	NEW Registered Office Address:			. .	-
	1200 South Pine Island Road		3. 00		
	Plantation	. FL ³³³²⁴		-	
If the	limited liability company is not organized under th			reby confirmed that a	fte

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.

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Signature of a member or authorized representative of a member

KARA KOROSEC, 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 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. By:

Signature of Registered Agent SEANL EMERICK ASSISTANT SECRETARY

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25,00