

L 11000120732

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

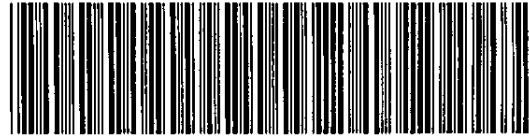
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SEP 16 2013

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ootii, LLC  
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:

Timothy Tryzbiak  
Name of Person

ootii, LLC  
Firm/Company

4875 Jones Road  
Address

St. Cloud FL 34771  
City/State and Zip Code

tim@ootii.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Timothy Tryzbiak at ( 407 ) 346-0491  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

\$35 fee was already sent, but  
I filled out this form. See enclosed



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
13 SEP 13 PM 4:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

September 5, 2013

TIM TRYZBIAK  
4875 JONES RD  
ST CLOUD, FL 34711

SUBJECT: OOTII, LLC  
Ref. Number: L11000120732

We have received your document for OOTII, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 913A00020959

**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: ootii, LLC

2. (a) Principal office address of limited liability company: 4875 Jones Road  
St. Cloud FL 34771  
(Note: **MUST BE STREET ADDRESS**)

(b) Mailing address of limited liability company: 4875 Jones Road  
St. Cloud FL 34771  
(Note: **MAY BE POST OFFICE BOX**)

10/21/2011  
3. Date of filing/registration in Florida

LC1000120732  
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: Incorp Services, Inc

Registered Office Address: 17888 67th Court North  
Loxahatchee, FL 33470

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent: Timothy Tryzbiak

NEW Registered Office Address:  
(MUST BE FLORIDA STREET ADDRESS)  
4875 Jones Road  
Saint Cloud FL 34771

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.

[Signature]  
Signature of a member or authorized representative of a member

Timothy Tryzbiak  
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I 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]  
Signature of Registered Agent

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

ⓧ Fee was paid (\$35) but used the corporation form vs. LLC form

FILED  
SEP 13 PM 2:45  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE