## L12000093973

(Req	uestor's Name)	
(Add	ress)	
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## COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OPTIMIST 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:

## **EMILIANO RAGUSA**

Name of Person

**OPTIMIST LLC** 

Firm/Company

2961 1ST AVE N #F

Address

ST PETERSBURG FL 33713

City/State and Zip Code

OPTIMIST.LLC.MMG@GMAIL.COM

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

For further information concerning this matter, please call:

**EMILIANO RAGUSA** 

",727

412-0550

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

## 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: OF	TIMIST LLC		70	2
			20	25
2. (a) Principal office address of limited l	ility company:	2961 1ST AVE N #F ST PETERSBURG FL 33713	<u> </u>	
(Note: MUST BE STREET ADDRI	E <b>SŠ</b> )		<u> 2</u> in	_4
			5-	
			- SS-29	ď
(b) Mailing address of limited liability company:		2961 1ST AVE N #F ST PETERSBURG FL 33713	ر عرب	
(Note: MAY BE POST OFFICE BO	<u>2X</u> )	<del> </del>		·
				<del>ب</del> :
			9,5	·
07/19/2012		L12000093973	<del>-6</del> -	~
3. Date of filing/registration in Florida	4	. Document number	· ·	
5. (a) Registered Agent and Registered Offi	ce shown on th	ne records of the Florida Dept. of S	State:	
Registered Agent:		JACOB FISHER		
Parintered Office Address:		13575 58TH STREET NORTH #200		
Registered Office Address:		CLEARWATER FL 33760		
			-	
				_
(b) Enter name of <u>NEW Registered Age</u>	nt and/or NEW	Registered Office address:		
NEW Registered Agent:		JOSEPH LOVETT		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		2961 1ST AVENUE NORTH #D		_
MODI BE I EURIDA GIRLEI AD	DILEBBY	ST PETERSBURG .FL	33713	
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
If the limited liability company is not organiz confirmed that after the change or changes are and the business office of the registered agent liability company, it is hereby confirmed that the members of the limited liability company the operating agreement of the limited liability company the operating agreement of the limited liability.  Signature of a member or authorized representative of a member of a member of authorized representative of a member o	e made, the Flot will be identified the change(s) or as otherwisely company.	orida street address of the registere cal. Or, in the case of a Florida lin was/were authorized by an affirma	d office nited itive vote	of
EMILIANO RAGUSA Printed or typed name of signee	<u>.</u>			
I hereby accept the appointment as registere comply with the provisions of all statutes related in a familiar with and accept the obligate chapter 608, F.S. Or, if this document is being additionally and the limited liable of the confirmation of Registered Agent	d agent and ag itive to the pro- tions of my pos ng filed to mer bility company	ree to act in this capacity. I furth per and complete performance of i ition as registered agent as provid ely reflect a change in the register has been notified in writing of this	er agree i py duties led for in ed office s change.	to ,
Division of Corporations	P.O. Box 632	7, Tallahassee, FL 32314		
	ING FEE: \$2			

INHS18 (05/08)