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(Re	equestor's Name)			
(Ac	ddress)			
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PICK-UP	☐ WAIT	MAIL		
(Bu	usiness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			
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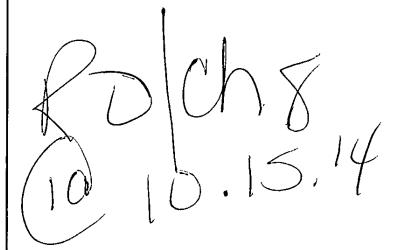
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COVER LETTER

TO:

INHS18 (2/14)

Registration Section

Division of Corporations	·			
SUBJECT: BOROTA LLC				
Nam	e of Limited Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Offi	ce Change and fee(s) are submitted for filing.			
Please return all correspondence concerning thi	s matter to the following:			
FANNY SUAREZ Name of Person				
Name of Person				
BOROTA LLC Firm/Company				
Firm/Company				
15673 sw 52 Ct Address				
Address				
Miramor FL 33027 City/State and Zip Code				
City/State and Zip Code				
losrincon 1@ hotmail.com	1			
E-mail address: (to be used for future ann	ual report notification)			
For further information concerning this matter,	please call:			
German Rincón M	at (954) 5897461			
Name of Person	Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section			
Division of Corporations	Division of Corporations			
Clifton Building	P.O. Box 6327			
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314			
Enclosed is a check for the following amount:				
2 \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy			

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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 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. Na	ame of the limited liability company:	OTA LIC	. •	
2. (a)	907 Sw 16 Av MI (Gwar FL 33077) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b) 15673	3SW 520 MICOMOC. ‡L,3 Mailing address of limited liability compan (Note: MAY BE POST OFFICE BOX)	y:
3.	O2 20 2014 Date of filing/registration in Florida	4. L	140000 Z 8 8 7 3 Document number	
5. (a)	Registered Agent and Registered Office shown on the records of a SUCICE FAMNY M Registered Office Address MUST BE FLORIDA STREET A 15653 SW 52 Cf MICOMMY FL			
(b)	Enter name of NEW Registered Agent and/or NEW Registered Suggest Fanny M. NEW Registered Office Address: 1673 Sw 52 cf	Office address:	14 0CT -6 "H	A VISALINDES SECRETARY OF SECRETARY OF SECRETARY SECRETA
	Miramou , FL	33077	- - -	
Signal I herel provisithe oblito mere notified	mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited liagre authorized by an affirmative vote of the members of the organization or the operating agreement of the white of a member	the registered office ability company, it for the limited liability company of the liability compan	te and the business office of the regis hereby confirmed that the change ty company or as otherwise provide mpany. Ny Sore 2 Printed or typed name of signee	stered (s) d in
	Division of Corporations P.O. B	lox 6327● Tallaha	ssee, FL 32314	

FILING FEE: \$25.00