## L17000114198

(Re	questor's Name)	-					
(Address)							
(Add	dress)						
(City/State/Zip/Phone #)							
PICK-UP	MAIT	MAIL					
(Bu	siness Entity Nar	me)					
(Document Number)							
Certified Copies	_ Certificate:	s of Status					
Special Instructions to Filing Officer:							

Office Use Only



100345285201

06/08/20--01028--024 \*\*25.00

7 WOFFTT JUN 2 3 2023



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

From: Matthew Ermak matthew.ermak@cscglobal.com

Date: June 3, 2020

Order#: 309055/011

Re: OPTIMAL GULF COAST, LLC

Enclosed please find:

 $\underline{XX}$  Change of Registered Agent and Office.

XX Check in the amount of \$\$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Matthew Ermak

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

## 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: <u>Optimal Gulf</u>	f Coast, LLC	·			
2. (a)	Optimal Gulf Coast, LLC (b) Optim			Gulf Coast, LLC		
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(0	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	3024 Business Park Circle		3024 Bus	iness Park Circle		
	Goodlettsville, TN 37072		Goodletts	sville, TN 37072		
	May 23, 2017		L1700011	4198		
3.	Date of filing/registration in Florida	4.		Document number		
	ORTINAL IACKCONSULE LLC					
5. (a)	OPTIMAL JACKSONVILLE, LLC Registered Agent and Registered Office shown on the records	s of the Florida	Dent of State	.•		
	Registered Agent and Registered Office Shown on the record.	3 Of the Profite	Dept. of order			
	TOTAL AND THE STATE OF THE STAT	CT . AABECC	<u> </u>			
	Registered Office Address (MUST BE FLORIDA STRE	<u>ET ADUKESS</u>	1		<b>7-3</b>	
	6033 KENNERLY ROAD STE 101				89	
	<u>Jacksonville</u> ,	FL <u>32216</u>	<del> </del>		!	
					CO	
(b)_	Corporation Service Company	1.005			- 7	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	erea (Mice aa	<u>aress</u> :		-85	.7
					( <b>)</b>	
	1201 Hays Street  NEW Registered Office Address:		<u>.</u>			
	Registered Office Address.					
	<u>Tallahassee</u> ,	, FL <u>32301</u>				
the charagent was/withe art	imited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member of organization or the operating agreement of the day.	s of the regis l liability con rs of the lim the limited l	tered office npany, it is ited liability	and the business offic hereby confirmed that company or as other pany.	ce of the reg t the change wise provid	istered (s)
I here provise the ob- to mer notifie	by accept the appointment as registered agent and ions of all statutes relative to the proper and complifications of my position as registered agent as provedly reflect a change in the registered office address d in writing of this change.  Light of Registered Agent Corporation Service Compan	ele performe ided for in C . I hereby co	ance of my a Chapter 605, Onfirm that t	city. I further agree to luties, and I am famili F.S. Or, if this docum	o comply wi iar with and nent is beins mpany has l	accept g filed

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