## LITOUNGTRE

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## **COVER LETTER**

Division of Corporations							
SUBJECT: Optimum Anayltics, LLC							
Name of Limited Liability Company							
Dear Sir or Madam:							
The enclosed Registered Agent/Registered Offic	ce Change and fee(s) are submitted for filing.						
Please return all correspondence concerning this	s matter to the following:						
Renee Barry							
Name of Person							
Capital Management Administrative Ser	vices, LLC						
Firm/Company	<del></del>						
7609 Greystone Drive							
Address							
Bayonet Point, FL 34667							
City/State and Zip Code							
legal@capitalmanagementservicesgrou	p.com						
E-mail address: (to be used for future annu	al report notification)						
For further information concerning this matter, p	please call:						
Renee Barry	727 862-1718						
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						

INHS18 (2/14)

## 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	me of the limited liability company: Optimum Ana	lytics, L	LC	
2	(a)	Optimum Analytics, LLC	(b)	Optimun	n Analytics, LLC
-	(")	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)		Hailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
		19500 SW 129th Avenue		19500 S	W 129th Avenue
		Miami, FL 33177	_	Miami, F	L 33177
3.		Date of filing/registration in Florida	 4.		Document number
5.		August 07, 2017		0167968	
	(a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State Alan K. Marcus, Esq.  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  690 S Hwy 89, Suite 200, Suite 1111			
		Jackson	83002		
	(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:  Alan K. Marcus, Esq.		ress:	WITAUG 16 PH 2: 28
	NEW Registered Office Address:				
		2600 Douglas Road, Suite 1111			
		Coral Gables FL	33134		
the age wa the	e cha ent v is/we arti	imited liability company is not organized under the law nge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the regist ability cor if the limit limited lia	ered office npany, it is ted liability ability com	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
Renee Barry Signature of a member of authorized representative of a member			ee Barry		
I l pro the to	herel ovisi obl mere	wre of a member of authorized representative of a member by accept the appointment as registered agent and agr ions of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I have thing of this change.	ee to act i performa I for in Ci ierehy coi	in this capa nce of my a hapter 605, nfirm that t	Printed or typed name of signee acity. I further agree to comply with the futies, and I am familiar with and accept F.S. Or, if this document is being filed the limited liability company has been

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

Alan K. Marcus,

Signature of Registered Agent