

L17000167968

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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

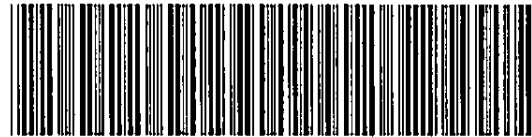
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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2017 AUG 16 PM 2:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
AUG 18 2017

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Optimum Analytics, 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:

Renee Barry

\_\_\_\_\_  
Name of Person

Capital Management Administrative Services, LLC

\_\_\_\_\_  
Firm/Company

7609 Greystone Drive

\_\_\_\_\_  
Address

Bayonet Point, FL 34667

\_\_\_\_\_  
City/State and Zip Code

legal@capitalmanagementservicesgroup.com

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

For further information concerning this matter, please call:

Renee Barry

\_\_\_\_\_  
Name of Person

at ( 727 ) 862-1718

\_\_\_\_\_  
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

*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.*

2. (a) Optimum Analytics, LLC

(b) Optimum Analytics, LLC

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

19500 SW 129th Avenue

Miami, FL 33177

4. Document number

L17000167968

Alan K. Marcus, Esq.

690 S Hwy 89, Suite 200, Suite 1111

(b)

Alan K. Marcus, Esq.

2600 Douglas Road, Suite 1111

Coral Gables, FL 33134

Renee Barry  
Signature of a member of au

Renee Barry

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further 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 605, 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.*

Alan K. Marcus, Esq.  
Signature of Registered Agent

Signature of Registered Agent

**FILING FEE: \$25.00**