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(Requestor's Name)	
(Address) (Address)	700325840247
(City/State/Zip/Phone #)	
(Business Entity Name)	03/11/1901038023 **55.00
 (Document Number)	101
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#### **COVER LETTER**

**TO:** Registration Section Division of Corporations

# OKA PRODUCTS LLC

SUBJECT:

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:

# SANDRA BLANCO CERQUEIRA

Name of Person

OKA PRODUCTS LLC

Firm/Company

### 1900 N BAYSHORE DRIVE APT 3111

Address

MIAMI FL 33132

City/State and Zip Code

### SANDRA@OKAPRODUCTSOFFICIAL.COM

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

For further information concerning this matter, please call:

SANDRA BLANCO CERQUEIRA	305 at (	9345811	
Name of Person		Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	M	AILING ADDRESS:	
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle	Tallahassee, Florida 32314		
Tallahassee, Florida 32301			

□ \$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 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.

ame of the limited liability company: OKA PRODU	ICTS LLC	
1900 N BAYSHORE DRIVE	(b)	
Principal office address of limited liability company: ( <i>Note: MUST BE STREET ADDRESS</i> ) APT 3111		Mailing address of limited liability company: ( <u>Note: MAY BE POST OFFICE BOX</u> )
MIAMI FL 33132		
FEBRUARY 15, 2019	L19	000046218
Date of filing/registration in Florida SANDRA BLANCO	4.	Document number
Registered Agent and Registered Office shown on the records of 1900 N BAYSHORE DRIVE	the Florida Dept	L. of State:
Registered Office Address (MUST BE FLORIDA STREET APT 3111	ADDRESS)	2019
MIAMI	33132	
SANDRA BLANCO CERQUEIRA Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> 1900 N BAYSHORE DRIVE	<u>Office address</u> :	エ し
NEW Registered Office Address:		
APT 3111		
MIAMI , FI	33132	
imited liability company is not organized under the la ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the <u>angles</u> <u>angles</u> ture of a member or authorized representative of a member by accept the appointment as registered agent and ag ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide elv reflect a change in the registered office address. I d in writing of this change.	if the registered ability compa of the limited limited liabil SANDF ree to act in the performance ad for in Chap	d office and the business office of the registere any, it is hereby confirmed that the change(s) liability company or as otherwise provided in fity company. <b>RA BLANCO CERQUEIRA</b> Printed or typed name of signee his capacity. I further agree to comply with the of my duties, and I am familiar with and accep- ter 605, F.S. Or, if this document is being filed

Signature of Registered Agent

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