## L22000207679

(Requestor's Name)  (Address)	
(Addless)	2003885565
(Address)	
(City/State/Zip/Phone #)	05/27/2201009000
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	<b>:</b> :
Special Instructions to Filing Officer:	•
	.+:
wrong form 4085	Ra Chang

Office Use Only



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\*\*35.00

2022 SEP -9 Alt 10: 51

OCT 12 2022

D CUSHING

## COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI		LC nited Liability Company	-
Dear S	ir or Madam:		
The en	closed Registered Agent/Registered Office Chang	ge and fee(s) are submitted for filing.	
Please	return all correspondence concerning this matter	to the following:	
<u>S</u>	Mame of Person		
OT	Firm/Company		
130	31 Aparess		2022 SFP -
Pun	ta FOVAA, FL 33966 City/State and Zip Code		
<u>0</u> †	-mail address: (to be used for future annual repor		<u>Л</u>
For fur	ther information concerning this matter, please ea	all:	
<u>S</u>	Name of Person at (	↑ ハートラント Area Code & Daytime Telephone Number	- :r
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
	Enclosed is a check for the following amount:	:	
	□ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy	

SEP - 9 2022

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## FLORIDA DEPARTMENT OF STATE Division of Corporations

August 12, 2022

SAM WATTS
OFT MARKETING LLC
13021 APACHE DRIVE
PUNTA GORDA, FL 33955

SUBJECT: OTF MARKETING LLC Ref. Number: L22000207679

We have received your document for OTF MARKETING LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 722A00018009

Diane Cushing Senior Section Administrator

www.sunbiz.org

## 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. N	ame of the limited liability company: OTF Mayketing, LLC
2. (a)	OTT May valing 110
	( <u>Note: MUST BE STREET ADDRESS</u> )  ( <u>Note: MAY BE POST OFFICE BOX</u> )
	13031 Apache Dr. 13031 Apache Dr.
	Punta Eurda, Fl 33966 Punta Eurda, Fl 33966
	<u>0510212022</u> <u>L22000207679</u>
3.	Date of filing/registration in Florida 4. Document number
5. (a	, Zen Business, Inc.
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	356 E. College Ave. Suite 301
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	Tallanasee FL 37301
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	Enter hanc of NEW Registered Agent and/of NEW Registered Office address.
	13031 Avache DV
	NEW Registered Office Address:
	Punta Euraci FL 33966
	limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the
	e or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s)
was/w	ere authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in
the ar	ticles of organization or the operating agreement of the limited liability company.
Sien	entire-of a member or authorized representative of a member Printed or typed name of signee
I here	why accent the appointment as registered agent and agree to act in this capacity. I further garee to comply with the
provis the ob	sions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept digations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed rely reflect a change in the registered office address, I hereby confirm that the limited liability company has been
to mei notific	rely reflect a change i <u>n the regis</u> tered office address, I hereby confirm that the limited liability company has been ed in writing of this change.
Signar	ure of Registered Agent

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