

M06000006035

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

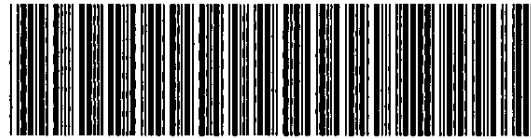
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 10 2013

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OPTIMA SERVICE SOLUTIONS, 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:

Will Semons

Name of Person

Registered Agent Solutions, Inc.

Firm/Company

1701 Directors Blvd. Suite 300

Address

Austin, TX 78744

City/State and Zip Code

wsemons@rasi.com

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

For further information concerning this matter, please call:

Will Semons at (888) 705-7274

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

January 15, 2014

VIA US MAIL

Florida Department of State
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: **Optima Service Solutions, LLC**

Dear Sir or Madam:

On behalf of the above-referenced corporation, enclosed please find the following for filing with the Florida Secretary of State:

1. One original (1) and one (1) copy of Change of Registered Agent/Address form;
2. \$25 LLC to cover the required filing fee.

Please file immediately the enclosed, and return a file-stamped copy to the undersigned.

If you have any questions regarding this filing, feel free to contact the undersigned directly at (888) 705-7274.

Respectfully,



Will Semons
REGISTERED AGENT SOLUTIONS, INC.
1701 Directors Blvd., Suite 300
Austin, TX 78744

February 4, 2014

VIA US MAIL

Florida Department of State
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: **Optima Service Solutions, LLC**

Dear Sir or Madam:

On behalf of the above-referenced corporation, enclosed please find the following for filing with the Florida Secretary of State:

1. One original (1) and one (1) copy of Change of Registered Agent/Address form;
2. Letter from Florida Dept of State

Please file immediately the enclosed, and return a file-stamped copy to the undersigned.

If you have any questions regarding this filing, feel free to contact the undersigned directly at (888) 705-7274.

Respectfully,

A handwritten signature in black ink, appearing to read "Will Semons".

Will Semons
REGISTERED AGENT SOLUTIONS, INC.
1701 Directors Blvd., Suite 300
Austin, TX 78744



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 29, 2014

WILL SEMONS
REGISTERED AGENT SOLUTIONS INC
1701 DIRECTORS BLVD - STE 300
AUSTIN, TX 78744

SUBJECT: OPTIMA SERVICE SOLUTIONS, LLC
Ref. Number: M06000006035

We have received your document for OPTIMA SERVICE SOLUTIONS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

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) 245-6051.

Tammy Hampton
Regulatory Specialist III

Letter Number: 914A00001988

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114, 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. Name of the limited liability company: OPTIMA SERVICE SOLUTIONS, LLC

2. (a) Principal office address of limited liability company: 1327 NORTHMEADOW PARKWAY
(Note: MUST BE STREET ADDRESS) SUITE 150
ROSWELL, GA 30076

(b) Mailing address of limited liability company: 10800 ALPHARETTA PARKWAY
(Note: MAY BE POST OFFICE BOX) STE 208-509
ROSWELL, GA 30076

10/30/2008

3. Date of filing/registration in Florida

M06000006035

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

INCorp SERVICES, INC.

Registered Office Address:

17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**.

NEW Registered Agent:

Registered Agent Solutions, Inc.

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

155 Office Plaza Dr.

Suite A

Tallahassee

FL 32301

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Riina Tohvent
Signature of a member or authorized representative of a member

Riina Tohvent

Printed or typed name of signee

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.

Purity Mbogo
Signature of Registered Agent

Purity Mbogo, Asst Secretary

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00