

M20000004477

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

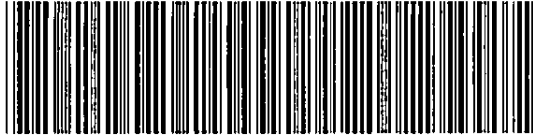
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300430585173

06/05/24--01020--002 \*\*35.00

2024 JUN -5 AM 9:33

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Optimum Agriculture LLC  
Name of Corporation

**DOCUMENT NUMBER:** M20000004477

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

Gaston Marquevich  
Name of Contact Person  
Optimum Agriculture LLC  
Firm/Company  
31 NE 17th ST  
Address  
Miami, FL 33132  
City/State and Zip Code  
mariamoreno@optimumagri.com

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

For further information concerning this matter, please call: .

Mariamoreno@optimumagri.com at ( 863 ) 840-4645  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Arkansas in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Optimum Agriculture LLC

2. The principal office address: 31 NE 17th ST, Miami FL 33132

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 09/14/2010 Document number: M20000004477

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Optimum Capital Partners Inc.

31 NE 17th ST

Miami, FL 33132

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Optimum Capital Inc.

31 NE 17th ST

P.O. Box NOT acceptable

Miami, FL 33132

2024 JUN -5 AM 9:33

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

\_\_\_\_\_  
Signature of an officer or director

Gaston Marquevich  
Printed or typed name and title

*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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
\_\_\_\_\_  
Signature of Registered Agent

05/20/2024  
Date

If signing on behalf of an entity:

Gaston Marquevich  
Typed or Printed Name

**\*\*\* FILING FEE: \$35.00 \*\*\***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (04/13)