

# N05060009361

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

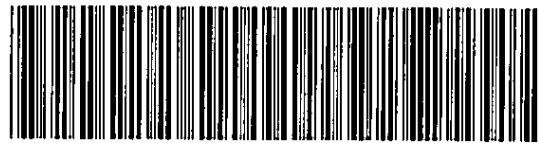
\_\_\_\_\_  
(Business Entity Name)

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

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C. GOLDEN

JUN 27 2019

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: OCEANA RADIO CONTROL FLYERS INC  
Name of Corporation

DOCUMENT NUMBER: N 0500000 9361

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:

BRIAN PINEDO

Name of Contact Person

Firm/Company

2880 STAGECOACH RD

Address

SAINT CLOUD, FL 34772

City/State and Zip Code

PINEDO777@GMAIL.COM

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

For further information concerning this matter, please call:

BRIAN PINEDO

Name of Contact Person

at (407) 463-1739

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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: OSCEOLA RADIO CONTROL FLYERS/INC
2. The principal office address: 2880 STAGECOACH RD  
SAINT CLOUD, FL 34772
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 9/9/2005 Document number: N05000009341
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)

JOSEPH KING  
3202 HAWKS RIDGE POINT  
KISSIMEE, FL 34741

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

BRIAN PINEDO  
2880 STAGECOACH RD  
P.O. Box NOT acceptable  
SAINT CLOUD, FL 34772

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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]  
Signature of an officer or director

Joseph A King - Treasurer  
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]  
Signature of Registered Agent

06/14/19  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
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