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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Organization for Data Security USA, Inc.

Name of Corporation

DOCUMENT NUMBER:

N14000005183

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:

Karl Lesser

Name of Contact Person

Organization for Data Security USA, Inc.

Firm/Company

3250 NE First Avenue Suite #305

Address

Miami, FL 33137

City/State and Zip Code

Karl@ odsusa.org

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

For further information concerning this matter, please call:

Karl Lesser

_,305

450-0726

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

statement of change is	submitted for a corporation organiz	607.1508, or 617.1508, Florida Statutes, this ed under the laws of the State of Florida ed agent, or both, in the State of Florida.		
1. The name of the co	rporation: Organization for D	ata Security USA, Inc.		
2. The principal office Miami, FL 33	e address: 3250 NE First Ave	nue Suite 305		
3. The mailing addres	s (if different):			
4. Date of incorporation	on/qualification: 05/29/2014			
5. The name and stree		ent and registered office on file with the		
Kar	Lesser			
3250 NE First Avenue Suite 305				
Mia	Miami, FL 33137			
6. The name and stree (if changed):	t address of the new registered agent	(if changed) and /or registered office		
Kar	l Lesser			
152	1521 Alton Road Suite 265			
Mic	P.O. Box NOT acceptable Miami Beach, FL 33139			
				
The street address of as changed will be id	its registered office and the street ac entical.	ddress of the business office of its registered agent,		
Such change was aut authorized by the box	horized by resolution duly adopted burd, or the corporation has been notified.	by its board of directors or by an officer so fied in writing of the change.		
_ X HU		Karl Lesser, President		
I hereby accept the a I further agree to con- performance of my di	uties, and I am familiar with and acc	-		
K.Y.DW		September 22, 2015		
	Registered Agent	Date		
If signing on behalf of	of an entity:			
Typed or	Printed Name			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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