

P 03 000146 067

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

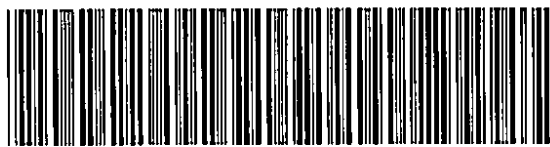
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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 30, 2018

PAMELA J. NIX  
OLIVER & COMPANY, P.A.  
1140 STERLING ROAD  
INVERNESS, FL 34450

SUBJECT: ODIFA, INC.  
Ref. Number: P03000146067

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

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

The registered agent must sign accepting the designation.

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.

Susan Tallent  
Regulatory Specialist II

Letter Number: 618A00024491

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SECRETARY OF STATE  
TALLAHASSEE, FL

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

SUBJECT: ODIFA, INC.  
Name of Corporation

DOCUMENT NUMBER: P03000146067

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:

Pamela J. Nix  
Name of Contact Person

Oliver & Company, P.A.  
Firm/Company

1140 Sterling Road  
Address

Inverness, FL 34450  
City/State and Zip Code

nix.pam@oliverco.com ✓  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Pamela J. Nix at ( 352 ) 746-1400  
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**

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: ODIFA, INC.
2. The principal office address: 1391 N. Timucuan Trail  
Inverness, FL 34453
3. The mailing address (if different): 1140 Sterling Road  
Inverness, FL 34450
4. Date of incorporation/qualification: 12/01/2003 Document number: P03000146067
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)

Resigned Bob P Halsema  
1391 N Timucuan Trail  
Inverness FL 34453

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

Pamela J. Nix  
1140 Sterling Road  
P.O. Box NOT acceptable  
Inverness, FL 34450

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

Bob P. Halsema, President  
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

November 9, 2018  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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

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FLORIDA DEPARTMENT OF STATE