

PO4000132313

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

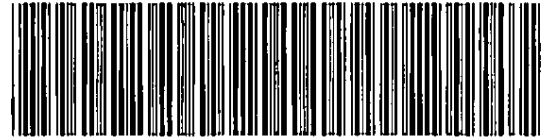
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DEC 20 2019

S. YOUNG



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 27, 2019

ALEXANDRA ELIAS-PASSOS  
312 NW 46 STREET  
DEERFIELD BEACH, FL 33064

SUBJECT: OCTAVA USA INC.  
Ref. Number: P04000132313

We have received your document for OCTAVA USA INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

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.

Shelia H Young  
Regulatory Specialist II

Letter Number: 819A00024249

JEIN

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LAW

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Octava USA Inc

\_\_\_\_\_  
Name of Corporation

**DOCUMENT NUMBER:** P04000132313

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:

Alexandra Elias-Passos

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Firm/Company

312 NW 46 street

\_\_\_\_\_  
Address

Deerfield Beach, FL. 33064

\_\_\_\_\_  
City/State and Zip Code

octavausa@yahoo.com

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

For further information concerning this matter, please call:

Judy Brahim

954 415-8069

\_\_\_\_\_  
Name of Contact Person

at (\_\_\_\_\_) \_\_\_\_\_  
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: OCTAVA USA INC.
2. The principal office address: 8369NW 66TH STREET STE 6272, MIAMI, FL 33166
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 09/21/2004 Document number: P04000132313
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)

Pybus, Brian

139 GREENWICH CIRCLE JUPITER, FL 33458

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

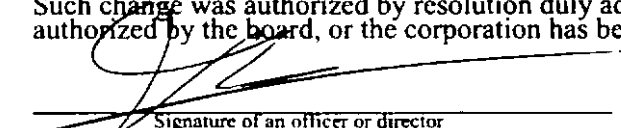
Alexandra Elias- Passos

312 NW 46 street, Deerfield Beach, FL. 33064

P.O. Box NOT acceptable

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

Ruurdt Jukema

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

10/24/19  
Date

If signing on behalf of an entity:

Alexandra E. Passos  
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE