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## **COVER LETTER**

TO:	Amendment Section Division of Corporations
SUBJI	ECT: OZ MANAGEMENT, INC.  (Name of Corporation)
DOCL	IMENT NUMBER: <u>POS 000022756</u>
The en	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	(Name of Contact Person)
	Q2 MANAGEMENT, INC. (Firm/Company)
	13131 SW 132 ND STREET, SUITE 202
	MANI FL 33186 (City/State and Zip Code)
For fur	ther information concerning this matter, please call:
	Aime Distkin at 305 969-0005 x 3/3 (Area Code & Daytime Telephone Number)
Enclos	ed 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

	The name of the corporation: (1) The principal office address: 131	31 SW	132 ND	STREET,	5017
	MIA	MI, FL	3318		
3.	The mailing address (if different):				
4.	Date of incorporation/qualification:	6/05 Da	cument number:	POS000	022
	The name and street address of the current re		registered office or	ifile with the	
	Florida Department of State:	VIEL A.	IEVINE	=	0
	1917	9 Cm	MATH	A. JEANS	5
	1002	7 5/1	22157	TVCIUE	121
	MIAN	MIPL.	2010/		P
6.	The name and street address of the new regis (if changed):	stered agent (if cha	nged) and /or regist	ered office	بي ري
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	/3/3/	1 Ch/ 1	370000	eret es	it o
	(PO Box NO	OT acceptable)	D/K	<u> </u>	1166
	MIAN	MI, FC	33/80	<u></u>	
TI	e street address of its registered office and changed will be identical.	the street address	of the business off	ice of its register	red agen
	ch change was authorized by resolution du thorized by the board, or the corporation ha	ly adopted by its l	ooard of directors of	or by an officer s	o
aı	thorized by the board, or the corporation ha	as been notified in	writing of the cha		i lu .
_	(Signature of an officer or director)	<del></del>	(Printed or typed	Sel	06.75
$I_{J}$	erchy accept the appointment as registered arther agree to comply with the provisions	l agent and agree of all statutes rela	to act in this cupul tive to the proper	city. and complete per	rformana
de	my duties, and I am tamittar with and acce cument is hong filed merely to reflect a ch rpgration has been notified in writing of th	pt the obligation of ange in the registers is change	of my position as re red office address	egistered agent. , I hereby confir	or, if th m that th
U.		)	10/20	lan	
	(Signature of Registered Agent)		10/10	105	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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