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SECRETARY OF STATIONS
DIVISION OF CORPORATIONS
OF SEP 15 PH 4: 05

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FLORIDA DEPARTMENT OF STATE Division of Corporations

August 31, 2006

DR. OTTO GOMEZ DR. OTTO, INC. 1833 LANDING DRIVE, SUITE C SANFORD, FL 32771

SUBJECT: DR. OTTO, INC. Ref. Number: P05000045926

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):

The document must have original signatures.

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) 245-6906.

Letter Number: 906A00053155

Darlene Connell Document Specialist

COVER LETTER

TO: Amendment Section Division of Corporations	•			
SUBJECT: Dr. Otto, Inc. (Name of Corpora	tion)			
(Name of Corpora	wion)			
DOCUMENT NUMBER: P05000045926				
The enclosed Statement of Change of Registered Office/Ager	nt and fee are submitted for filing.			
Please return all correspondence concerning this matter to the	e following:			
	č			
Dr. Otto Gomez				
(Name of Contact Person)				
. ·				
Dr. Otto, Inc.				
(Firm/Compan	y) .			
1833 Landing Drive Ste C (Address)				
(Address)				
Sanford FL 32771				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
Da Otto Como-	407 940 3043			
Dr. Otto Gomez at ((Name of Contact Person)	407) 810-3912 (Area Code & Daytime Telephone Number)			
(,			
Enclosed is a \$35.00 check made payable to the Department	of State.			
Mailing Address: Amendment Section	Street Address:			
	Amendment Section			
Division of Corporations	Division of Corporations			
P.O. Box 6327	Clifton Building 2661 Executive Center Circle			
Tallahassee, FL 32314	Tallahassee FL 32301			

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

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	Pursuant to the provisions of sections 607,0502, 617,0502, 607.1508, or 617.1508, Florida Statutes, this	e ja j
	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.	
	I. The name of the corporation: Dr. Otto, Inc.	
	2. The principal office address: 1833 Landing Drive Ste C, Sanford, FL 32771	·
	3. The mailing address (if different): NA	
	4. Date of incorporation/qualification: 3/21/05 Document number: P05000045926	
	5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:	
	Morgan and Hires, LLC Attn Eric V. Hires	
	1099 West Morse Blvd	
	Winter Park, FL 32789	<u> </u>
	6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Nicole Weaver, Esq.	SECRET
	Nicole Weaver, Esq.	OF CO
	150 Lake Villa's Drive	
	(P.O. Box NOT acceptable)	STA
	Altamonte Springs, FL 32701	A TE
	The street address of its registered office and the street address of the business office of its registered agas changed will be identical.	ent, 55
,	Such change was outporized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the opporation has been notified in writing of the change.	
X	(Printed or typed name and little)	-
, 00	Thereby accept the appointment as registered agent and agree to act in this capacity. If further agree to comply with the provisions of all statutes relative to the proper and complete performs of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if document is being filed merely to reflect a change in the registered office address, I hereby confirm that corporation has been notified in writing of this change.	mce this
THE STANK	document is being filed merely to reflect a change in the registered office address. I hereby confirm that corporation has been notified in writing of this change.	the
1.1	Signature of Registered Agent) (Date)	_
Ó,	Usigning on behalf of an entity:	
	Systems on behan or an entry:	
-	(Typed or Printed Name)	
	·	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2F045 (8/05)

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