P06000057055

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| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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SEP 1 4 2021

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: O&F Financial Services, Inc. Name of Corporation

DOCUMENT NUMBER: P06000057055

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:

| Osvaldo Marichal | |
|---|------|
| Name of Contact Person | |
| O&F Financial Services. Inc. | |
| Firm/Company | |
| 18553 SW 55 ST | |
| Address | |
| Miramar, FL 33029 | |
| City/State and Zip Code | |
| omrealtor@bellsouth.net | |
| E-mail address: (to be used for future annual report notification | ion) |

For further information concerning this matter, please call:

| Osvaldo Marichal at | 1 (⁷⁸⁶ |)797-6795 | |
|------------------------|--------------------|-------------|-----------------|
| Name of Contact Person | Area Code a | & Daytime T | elephone Number |

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

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: O&F Financial Services, Inc
- 2. The principal office address: 18553 SW 55 St, Miramar FL 33029
- The mailing address (if different): ______ Document number: P06000057055 4. Date of incorporation/qualification: _____
- 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)

Osvaldo Marichal

6825 Taft Street

Hollywood, FL 33024

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

Osvaldo Marichal

18553 SW 55 ST

P.O. Box NOT acceptable

Miramar, FL 33029

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.

ature of an officer of director

USVALOO MArio

30/2021

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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

If signing on behalf of an entity:

Usvaldo

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)