P07000039880

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
LRA		

Office Use Only



100393240731

0...25.22 -001. -002 **80.00

2022 AUG 29 AM 11: 22

SECRETARY OF STATE

J DEI 0.8 2022

COVER LETTER

TO:

TO:	Amendment Section Division of Corporations	
SUBJE	CT: Otto Engineering Inc	
Name o	of Corporation	
DOCU	MENT NUMBER: P07000039880	
The enc	closed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.
Please r	return all correspondence concerning this	matter to the following:
Matthey		
Name o	of Contact Person	
Otto En	gineering Inc	
Firm/Co	ompany	
7596 Ca	aptain's Harbor Dr. Unit 504	
Address	S	
Bokeeli.	a, FL 33922	
City/Sta	ate and Zip Code	
	mattotto(weentricpower.com	
E-mail	address: (to be used for future annua	l report notification)
For furt	ther information concerning this matter. p	please call:
Matthey	w Опо	at (813) 731-7165 Area Code & Daytime Telephone Number
	Name of Contact Person	Area Code & Daytime Telephone Number
Enclose	ed is a \$35.00 check made payable to the	Department of State.
	Mailing Address:	Street Address:
	Amendment Section	Amendment Section
	Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	rananassee, 11. Juli 1	Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cha	, inge is submitted for a corpo	502, 617,0502, 607,1508, or 617,1508, Florida Statutes, this ration organized under the laws of the State of Florida lice or registered agent, or both, in the State of Florida.
1. The name of	the corporation: Otto Enginee	ering Inc
	office address: 7596 Captain'	's Harbor Dr. Unit 504
3. The mailing a		
4. Date of incor	poration/qualification: $\frac{03/29}{2}$	/2007 Document number: P07000039880
	d street address of the current rtment of State: (If resigned,	t registered agent and registered office on file with the enter resigned)
	Matthew Otto	
	6602 Glencoe Dr.	
	Temple Terrace, FL 33617	
6. The name an (if changed):	d street address of the new re	gistered agent (if changed) and /or registered office
	Matthew Otto	
	7596 Captain's Harbor Dr. U	nit 504
	Bokeelia, FL 33922	P.O Box NOI acceptable
rea		
		nd the street address of the business office of its registered agent.
Such change wauthorized by t	as authorized by resolution he board, or the corporation	duly adopted by its board of directors or by an officer so has been notified in writing of the change.
	/ 0 /	Matthew Otto / President
Signat	ne of an other or one of	Printed or typed name and title
A further agrée of my duties, a document is be	t the appointment as registed to comply with the provision and I am familiar with and ac ing filed merely to reflect a scheen notified in writing of	red agent and agree to act in this capacity. ns of all statutes relative to the proper and complete performance wept the obligation of my position as registered agent. Or, if this charge in the registered office address, I hereby confirm that the this change.
<		8/24/2022
	gnature of Registered Agent	Date
If signing on b	ehalf of an entity:	
	Typed or Printed Name	····-

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