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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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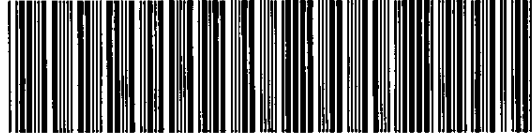
(Business Entity Name)

(Document Number)

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C. CARROTHERS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Change of Street Address of Current Registered Office
Name of Corporation

DOCUMENT NUMBER: P10000074277

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:

Alvaro Sucre

Name of Contact Person

Otassca INC.

Firm/Company

18683 Collins Avenue; Unit 1608

Address

Sunny Isle Beach; FL 33160

City/State and Zip Code

alvarosucres@otassca.com

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

For further information concerning this matter, please call:

Alvaro Sucre

Name of Contact Person

at (**305**) **9031519**

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 America in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Otassca Inc.
2. The principal office address: 18683 Collins Avenue. Unit 1608. Sunny Isle Beach. FL. 33160
3. The mailing address (if different): 18683 Collins Avenue. Unit 1608. Sunny Isle Beach. FL 33160

4. Date of incorporation/qualification: 09/09/2010 Document number: P10000074277

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)

2999 NE 191 Street.

900

Aventura, FL 33180 USA

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

18683 Collins Avenue. Sunny Isle Beach

Unit. 1608

P.O. Box NOT acceptable

FL 33160

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

Alvaro Sucre

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

01/30/2015

Date

If signing on behalf of an entity:

Alvaro Sucre

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6227, TALLAHASSEE, FL 32314