

P100000092143

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

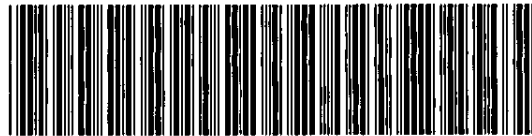
(Business Entity Name)

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Malave, Erin

From: ROTMANCPA@aol.com
Sent: Wednesday, November 24, 2010 6:00 PM
To: CorpAddressChange
Subject: OPTIMUM ONE HEALTH, INC. P10000092143

OPTIMUM ONE HEALTH, INC P10000092143

Please change location and mailing address to:

841 Prudential Dr
12th fl
Jacksonville, FL 32207

The Address for the officer should also be changed

Carlos Herrera
841 Prudential Dr
12th Fl
Jacksonville, FL 32207