P11000035053

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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10 9/6/11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: OPTIMA ONE REALTY, INC
Name of Corporation

DOCUMENT NUMBER: P11000035053

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:

MARTIN SPARKS
Name of Contact Person

OPTIMA ONE REALTY, INC
Firm/Company

8695 College Pkwy Ste 1258
Address

Fort Myers, FL 33919
City/State and Zip Code

SPARKSELLSIT@AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARTIN SPARKS at (239) 848-2070
Name of Contact Person — 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

CR2E045 (8/05)

FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 23, 2011

MARTIN SPARKS
OPTIMA ONE REALTY, INC.
8695 COLLEGE PKWY - STE. 1258
FORT MYERS, FL 33919

SUBJECT: OPTIMA ONE REALTY, INC.
Ref. Number: P11000035053

We have received your document for OPTIMA ONE REALTY, INC. and your check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 111A00019745

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. The name of the corporation: Optima One Realty Inc
2. The principal office address: 8695 College Pkwy Ste 1258 Fort Myers, FL 33919
3. The mailing address (if different):
4. Date of incorporation/qualification: 4/11/11 Document number: P11000035053
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)

Martin Sparks
12393 Country Day Cir
Fort Myers, FL 33913

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

Martin J Sparks
3051 Anguilla Ave
P.O. Box NOT acceptable
Clermont, FL 34711

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DIVISION OF CORPORATIONS
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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

MARTIN J SPARKS
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

8/25/11
Date

If signing on behalf of an entity:

Typed or Printed Name

*** * * 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 (8/05)