

PI2000021335

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

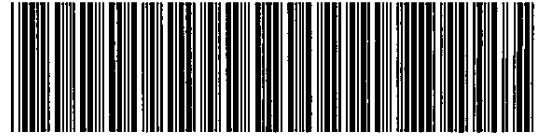
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 OCT 22 PM 3:56

OCT 22 2012  
T. ROBERTS

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** OPTIMA GLOBAL BUSINESS ADVISORY CORP  
Name of Corporation

**DOCUMENT NUMBER:** P12000021335

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:

Dieter Wolf  
Name of Contact Person

OPTIMA  
Firm/Company

Suite 300; 2525 PONCE DE LEON BLVD  
Address

CORAL GABLES FL 33134  
City/State and Zip Code

dieterwolf3000@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

dieter wolf at ( 786 ) 3287048  
Name of Contact Person Area Code & Daytime Telephone Number  
~~954~~ 318-5370

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 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 Global Business Advisory Corp
2. The principal office address: Suite 300, 2525 Ponce de Leon Blvd, Coral Gables, Fla. 33134
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: March 2, 2012 Document number: P 120 000 21335

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)

Wette Rashid  
Suite 204, 2797 E Oakland Park Blvd  
Fort Lauderdale, FL

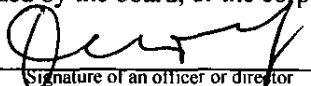
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

SHIRLEY MEDINA  
8240 SW 187 St.  
P.O. Box NOT acceptable  
MIAMI FLA 33157-7348

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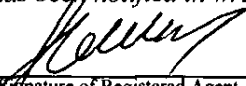
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

DIETER WOLF Pres.  
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

March 29, 2012  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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