P140000/6039

| (Req | uestor's Name) | |
|---|------------------|-------------|
| (Add | ress) | |
| (Add | ress) | |
| (City) | /State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bus | iness Entity Nar | me) |
| (Doc | ument Number) | |
| Certified Copies | Certificate | s of Status |
| Special Instructions to Filing Officer: | | |
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Office Use Only



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COVER LETTER

Amendment Section Division of Corporations

TO:

| SUBJECT: Name of Corporation | | |
|---|--|--|
| Name of Corporation | | |
| DOCUMENT NUMBER: P14000016039 | | |
| 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: | | |
| rease return an correspondence concerning this matter to the following. | | |
| JOSEM IVECTORY Name of Contact Person | | |
| Name of Contact Person | | |
| Ortic Group, Inc. Firm/Company | | |
| r irm/Company | | |
| 10'640 Duevida Sonta Ara | | |
| 1.441.055 | | |
| Boca Raton, FL 33498 City/State and Zip Code | | |
| City/State and Zip Code | | |
| E-mail address: (to be used for future annual report notification) | | |
| E-mail address: (to be used for future annual report notification) | | |
| | | |
| For further information concerning this matter, please call: | | |
| Name of Contact Person at (305) 767-1671 Area Code & Daytime Telephone Number | | |
| 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

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 in order to change its registered office or registered agent, or both, in the State of Florida. |
|---|
| 1. The name of the corporation: Ontic Group Inc. |
| 2. The principal office address: 10/040 Avenida Santa Ana Boca Rator FL 33498 |
| 3. The mailing address (if different): |
| 4. Date of incorporation/qualification: 02/20/2014 Document number: P1400001605 |
| 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) |
| Legalino Corporate Services Inc. |
| -6070 |
| 6. The name and street address of the new registered agent (if changed) and for registered offices. |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): |
| toseph tuerson |
| P.O Box NOT acceptable Boca Rator, FL 33498 |
| 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 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 Date |
| If signing on behalf of an entity: |
| Typed or Printed Name |