

P15000033937

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

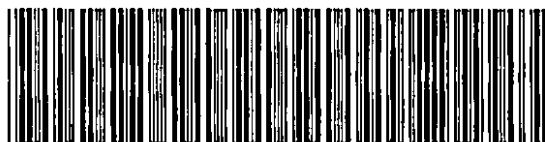
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900306767629

12/21/17--01019--002 \*\*35.00

CLERK OF COURT  
TALLAHASSEE, FLORIDA

2017 DEC 21 A 10:56

FILED

DEC 22 2017  
T. LEPAEUR

20

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: OLBO, Inc.  
Name of Corporation

DOCUMENT NUMBER: \_\_\_\_\_

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:

Temoer Terry  
Name of Contact Person

OLBO, Inc.  
Firm/Company

2841 NE 163<sup>rd</sup> St. #711  
Address

N. Miami Beach, FL 33160  
City/State and Zip Code

Katreed158@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Temoer Terry at (786) 708-1646  
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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: OLBO, Inc.
2. The principal office address: 9640 NW 2nd St., Bldg. 5 unit 206  
Pembroke Pines, FL 33024
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 04/14/15 Document number: P15000033937

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)

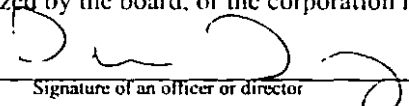
Temoer Terry  
9640 NW 2nd St Bldg. 5 unit 206  
Pembroke Pines, FL 33024

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

Temoer Terry  
2841 NE 163<sup>rd</sup> St., #711  
P.O. Box NOT acceptable  
N. Miami Beach, 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

Temoer Terry - Partner  
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

12/14/17  
Date

If signing on behalf of an entity:

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

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE