

P17000023197

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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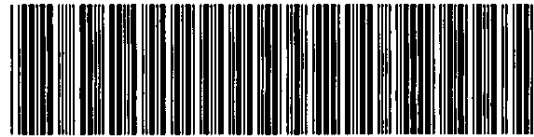
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

APR 26 2017
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Olga Customer Services, INC
Name of Corporation

DOCUMENT NUMBER: P 17 0000 23197

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:

Antonio Carlos do Amaral NETO
Name of Contact Person

Olga Customer Services
Firm/Company

5161 NE 14th TERRACE
Address

Pompano Beach, Florida, 33064
City/State and Zip Code

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

For further information concerning this matter, please call:

Antonio at (786) 378-2581
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

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DIVISION OF CORPORATIONS
STATE OF 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: Olga CUSTOMER SERVICE
2. The principal office address: 5161 NE 14th TERRACE, Pompano Beach
Florida, 33064
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: MARCH 13-2017 Document number: P47000023197
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)
Antonio Carlos do Amaral NETO
19831 SW 81st CT, CUTLER BAY
FLORIDA, 33189

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

Antonio Carlos do Amaral NETO
5161 NE 14th TERRACE, Pompano
Beach, Florida, 33064

P.O. Box NOT acceptable

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DIVISION OF CORPORATIONS
STATE OF FLORIDA

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]
Signature of an officer or director

Antonio NETO
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]
Signature of Registered Agent

04/20/2017
Date

If signing on behalf of an entity:

Typed or Printed Name

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