

P21000033036

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

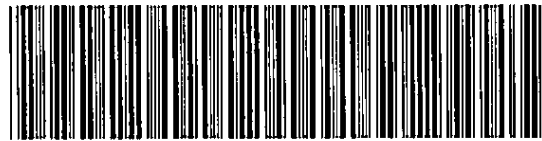
(Business Entity Name)

(Document Number)

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2021 MAY -7 AM 3:03

SECRETARY OF STATE
TALLAHASSEE, FL

6/7/21

SP

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: OP Official Inc
Name of Corporation

DOCUMENT NUMBER: P21000033036

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:

Oscar Perez

Name of Contact Person

OP Official Inc

Firm/Company

9719 nw 127 st

Address

Hialeah Gardens, FL 33018

City/State and Zip Code

opofficialinc@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Oscar Perez

Name of Contact Person

at (786) 760-2749

Area Code & Daytime Telephone Number

33018

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: OP Official Inc
2. The principal office address: 9719 nw 127 st
3. The mailing address (if different): _____
4. Date of incorporation/qualification: April 5, 2021 Document number: p21000033036
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)

LEGALCORP SOLUTIONS, LLC

3440 W HOLLYWOOD BLVD, SUITE 415

HOLLYWOOD, FL. 33021

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

OP Official Inc

9719 nw 127 st, HIALEAH GARDENS, FL

P.O. Box NOT acceptable

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

OSCAR PEREZ

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

5/4/2021

Date

If signing on behalf of an entity:

OSCAR PEREZ

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 (04/13)

SECRETARY OF STATE
TALLAHASSEE, FL

2021 MAY - 7 AM 3:03

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