FEI Number: 45-3644222 Name and Address of Current Registered Agent:			Certificate of Status Des	i <b>red:</b> No
KRINEY, JOHN 168 NE 96TH S A MIAMI SHORES				
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.				
SIGNATURE: JOHN KRINEY				11/17/2017
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	P, T	Title	S, D	
Name	KRINEY, JOHN V	Name	KRINEY, JOHN V	
Address	155 NW 91ST STREET	Address	155 NW 91ST STREET	
City-State-Zip:	MIAMI SHORES FL 33150	City-State-Zip:	MIAMI SHORES FL 33150	

168 NE 96TH STREET MIAMI SHORES. FL 33138 US

## F

**Current Mailing Address:** 

## N

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

PRESIDENT

11/17/2017

Electronic Signature of Signing Officer/Director Detail

Date

## 2017 FLORIDA PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P11000091064

Entity Name: OPTFIRST INC.

## **Current Principal Place of Business:**

168 NE 96TH STREET MIAMI SHORES, FL 33138