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JAN 21 2015 R. WHITE

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DATE:

1/20/15

NAME:

ODU-USA, INC.

TYPE OF FILING: AFFIDAVIT TO CHANGE OFFICER

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	<u>CO 11</u>	SIX LIBITION	
TO:	Amendment Section Division of Corporations		
SUBJ		of Corporation	
DOCI	CUMENT NUMBER: F14000003327	or corporation	
The er submit	enclosed Affidavit by Foreign Corporation to itted for filing.	Change/Add Officer(s	e) and/or Director(s) and fee are
Please	e return all correspondence concerning this m	natter to the following:	
Me	elissa H. Sayer, Esq.	·	
	Name of Contact Person		
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	Pirm/Company		
300	DEsplanade Drive, Suite	2100	•
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For flur	rther information concerning this matter, plea	ase call:	
Mel	lissa H. Sayer, Esq. at (8	05 、988-98	86
*****		ea Code & Daytime Teler	phone Number
Enclose	sed is a check made payable to the Florida De	partment of State for th	e following amount:
	3\$35.00 Filing Fee S43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
]]]	Malling Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	

CR2E127 (8/08)

FILED

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FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

AMENDED

AFFIDAVIT BY FOREIGN CORPORATION TO CHANGE/ADD OFFICER(S) AND/OR DIRECTOR(S)

(Note: Applicable only du	iring the first calendar year of qualification)		
The name of the foreign corporation as it appears on the records of the Florida Department of State is: ODU-USA, INC.			
This entity was authorized to transact business in Florida on 08/05/2014 and its Florida document number is F14000003327.			
This corporation was formed under the laws of Delaware.			
4. The name and address of each officer an			
Title: CEO/PRES.	Name and Address Thomas Mittermeler		
	4010 Adolfo Road		
	Camarillo, CA 93012		
CFO/Treas.	Scott Bogart		
	4010 Adolfo Road, Camarillo, CA 93012		

	· .		
	•		
// // (Attach addi	tional pages if necessary)		
Sustan / HIM	Chairman of the Board		
	Official of the board		
ature of an officer or director	Title of person signing		

Make checks payable to Florida Department of State and Mall to: Division of Corporations*PO Box 6327*Tallahassee, FL 32314

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