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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

CONTACT PERSON: Amanda Miller

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE COST LIMIT ORDER DATE: April 22, 2024 ORDER TIME : 11:39 AM ORDER NO. : 428372-011 CUSTOMER NO: 8446583 CHANGE OF AGENT NAME: OMNION POWER INC. PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: __ CERTIFIED COPY XX PLAIN STAMPED COPY

EXAMINER'S INITIALS:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.05 nge is submitted for a corpor r to change its registered offi	ation organize	d under the law	s of the State	of NV		
1. The name of t	he corporation: OMNION PO	WER INC.				·	
2. The principal	office address:						
3. The mailing a	ddress (if different):						
4. Date of incorp	poration/qualification: 02/26/	2001	Document r	number: F01	00000108	5	
	l street address of the current tment of State: (If resigned, e		it and registered	d office on fil	e with the		
	C T CORPORATION SYS	TEM					
	1200 SOUTH PINE ISLAN	D ROAD				ر.	
	PLANTATION,		FL	33324	 ·		
6. The name and (if changed):	street address of the new reg		f changed) and	l /or registered	d office	7924 AM	
	Corporation Service Compa	any ——————				œ	Carried States
	1201 Hays Street					8: 42	
	Tallahassee	P.O. Box NO	OT acceptable FL	32301			
as changed will	ess of its registered office and be identical. Is authorized by resolution due board, or the corporation h						agent.
authorized by th	ie board, or the corporation h						
/S/ Erik Johan	SSOTI e of an officer or director	E	rik Johansson, Printe	of or typed name a	and title		
I hereby accept I further agree t of my duties, an document is bein corporation has	the appointment as registere o comply with the provision of I am familiar with and according filed merely to reflect a comben notified in writing of the Service Company	s of all statute: rept the obliga- hange in the re	gree to act in t	his capacity.		perfor, t. Or, irm th	mance if this at the
By: Drac	z-Kubly	0	4/23/2024		<u> </u>		
	nature of Registered Agent			Date			
	half of an entity:	_					
	ped or Printed Name						

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