F22 000 004 823

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone	#)
PICK-UP WAIT	☐ MAIL
(Business Entity Nam	(e)
(Dualitesa Chiny Maii	(6)
(Document Number)	
Certified Copies Certificates	of Status
Special Instructions to Filing Officer:	
J DE	HNIS 6 2023
LRA	

Office Use Only



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2022 OCT -4 AM 9: 56



COVER LETTER

SUBJECT, OMEGA CONSULTING ASSOCIATES, INC.		
SUBJECT: OMEGA CONSULTING ASSOCIATES, INC. Name of Corporation		
DOCUMENT NUMBER: F22000004823		
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:		
Samantha Jackson		
Name of Contact Person		
Meriam Corporate Services, Inc.		
Firm/Company		
PO Box 52588		
Address		
Mesa AZ 85208		
City/State and Zip Code		
meriamfinancial@gmail.com		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Samantha Jackson at (720)318.8456 Name of Coptact Person Area Code & Daytime Telephone Numb		
Name of Contact Person Area Code & Daytime Telephone Numb	er	
Enclosed is a \$35.00 check made payable to the Department of State.		
Mailing Address: Street Address: Amendment Section Amendment Section		
	Amendment Section	
	Division of Corporations The Centre of Tallahassee	
Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of change	is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Statutes, this a organized under the laws of the State of Florida	
		registered agent, or both, in the State of Florida.	
	orporation: OMEGA CONSUI		
2. The principal offic	e address: 4101 RAVENSWO	OD RD STE 401 FORT LAUDERDALE, FL 33312	
3. The mailing addre	ss (if different):		
4. Date of incorporat	ion/qualification: 07/27/2022	Document number: F22000004823	
5. The name and stre		stered agent and registered office on file with the	
CA	MERON SZYMANSKI		
410	I RAVENSWOOD RD STE 41	NSWOOD RD STE 410	
FOI	RT LAUDERDALE, FL 33312	DERDALE, FL 33312	
6. The name and stre (if changed):	et address of the new register	ed agent (if changed) and /or registered office	
CA	MERON SZYMANSKI		
101	RAVENSWOOD RD STE 401	SWOOD RD STE 401	
FOI	RT LAUDERDALE, FL 33312	P.O. Box. NOT acceptable	
The street address o	f its registered office and the dentical.	street address of the business office of its registered agent.	
Such change was au authorized by the bo	thorized by resolution duly a ard, or the corporation has b	dopted by its board of directors or by an officer so een notified in writing of the change.	
BIMUL	Ki	CAMERON SZYMANSKI, PRESIDENT	
	n officer or director	Printed or typed name and title	
- oj my auties, ana i a - docúment is being fi	ippointment as registered ag inply with the provisions of a in familiar with and accept t led merely to reflect a chang p-notified in writing of this c	ent and agree to act in this capacity. all statutes relative to the proper and complete performance he obligation of my position as registered agent. Or, if thi, we in the registered office address, I hereby confirm that the hange.	
(many	7	09/20/2022	
Signature	of Registered Agent	Date	
If signing on behalf	of an entity:		
Typed o	r Printed Name	-	
	* * * FILIT	NG FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314