# F9900004563

(Re	equestor's Name)	
(Ad	idress)	
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(Ci	ty/State/Zip/Phone	-#)
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2009 JUN 19 AM 10: 27 SECRETARY OF STATE

ASR 109



### National Registered Agents, Inc.

"NRAI, the best choice for statutory representation"

June 17, 2009

Division of Corporations Florida Department of State P. O. Box 6327 Tallahassee, FL 32314

RE: Omn

Omnex Group, Inc.

Order # PS/PM-09-0205

Dear Sir/Madam:

١	W	e	now	enc	lose	for	til	ing	the	document	ts i	denti	fied	bel	low:

INCORPORATION	MERGER
	_A. Domestic
QUALIFICATION	_B. Foreign
X CHANGE OF AGENT/OFFICE	DISSOLUTION
A. Domestic	A. Statement of Intent
XB. Foreign	_B.Certificate of Dissolution
AMENDMENT	WITHDRAWAL
A. Domestic	<del>_</del>
B. Foreign	OTHER

Kindly send evidence to the undersigned. If there are any problems, please call us on our toll-free number 1-877-261-6823.

#### PLEASE RETURN TO:

Peter F. Souza
NRAI SERVICES, INC
2731 EXECUTIVE PARK DRIVE
SUITE 4

WESTON, FL 33331

EMAIL: psouza@gecgrp.com

PLEASE CALL ME AT: 1 877-261-6823 IF THERE ARE ANY QUESTIONS.

Thank you!

#### **COVER LETTER**

TO: Amendment Section Division of Corporations							
SUBJECT: Omnex Group, Inc.  (Name of Corporation)							
DOCUMENT NUMBER: F99000004563							
The enclosed Statement of Change of Registered Office/Agent a	and fee are submitted for filing						
Please return all correspondence concerning this matter to the fo	_						
trouble return an eemespendence concerning and matter to the re-	nowing.						
Peter F. Souza							
(Name of Contact Pers	son)						
GEC Group, LLC (Firm/Company)							
(Firm/Company)							
2731 Executive Park Drive, Suite 4							
(Address)							
Weston, FL 33331							
(City/State and Zip Co	ode)						
For further information concerning this matter, please call:							
Peter F. Souza at ( 87	77 \ 261-6823						
(Name of Contact Person) (A	rea Code & Daytime Telephone Number)						
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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301						

## $\ensuremath{\mathcal{L}}$ STÄTEMENT 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 California						
		tered agent, or both, in the State of Florida.				
1. The name of t	he corporation:	Omnex Group, Inc.	87 ± "'			
2. The principal	office address:					
580 Sylvan	Avenue, Englewood Cliffs, NJ 0763	2				
3. The mailing a	ddress (if different):					
4. Date of incorp	poration/qualification: 09/02/1999	Document number: F99000045	563			
	street address of the current registered attment of State:	agent and registered office on file with the				
	C T Corporation System					
	1200 S. Pine Island Road					
	Plantation , FL 33324					
6. The name and (if changed):	street address of the new registered age	nt (if changed) and /or registered office	THE BOOK			
	NRAI Services, Inc.		京河			
	2731 Executive Park Drive		福里			
	(P.O. Box NOT acceptable	<del>)</del>	6.5 6.5 7.5 8.5 8.5 8.5 8.5 8.5 8.5 8.5 8.5 8.5 8			
	Weston, FL 33331	<del></del>	7 - A			
The street addre as changed will	ess of its registered office and the street be identical.	t address of the business office of its regis	tered agent,			
Such change wa authorized by th	as authorized by resolution duly adopte the board, or the corporation has been no	ed by its board of directors or by an officer of the change.	r so			
(Signatu	ire of an officer or director)	Tony Smith, Assistant Secretary (Printed or typed name and title)	<del></del>			
I further agree t of my duties, an document is bei	The appointment as registered agent and to comply with the provisions of all stated I am familiar with and accept the obing filed merely to reflect a change in the been notified in writing of this change	tutes relative to the proper and complete p ligation of my position as registered agen he registered office address. I hereby cont	performance t. Or, if this irm that the			
	1/-	June 17, 2009				
(Sig	gnature of Registered Agent)	(Date)	<u> </u>			
If signing on be	half of an entity:					

#### Peter F. Souza, Assistant Secretary

(Typed or Printed Name)

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