## P110000001980

(Re	equestor's Name)	
(Ac	ldress)	
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(Document Number)		
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## **COVER LETTER**

**TO**: Ar

Amendment Section Division of Corporations

SUBJECT: OMAPREM, INC.

Name of Corporation

DOCUMENT NUMBER

P11000061980

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:

Patti Heaps

Name of Contact Person

OMAPREM, INC.

Firm/Company

4100 SW 28th Way

Address

FORT LAUDERDALE, FL 33312

City/State and Zip Code

pheaps@greathealthworks.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patti Heaps

,954 \862-7603

Name of Contact Person

Area 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

## STATEMENT 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, Florid statement of change is submitted for a corporation organized under the laws of the State in order to change its registered office or registered agent, or both, in the State	of Florida
1. The name of the corporation: OMAPREM, INC.	
2. The principal office address: 4100 SW 28th Way, Fort Lauderda	le, FL 33312
3. The mailing address (if different):	
4. Date of incorporation/qualification: 07/07/2011 Document number: P1	1000061980
5. The name and street address of the current registered agent and registered office on file Florida Department of State: (If resigned, enter resigned)	with the
David J. Boden	<del>.</del>
4150 SW 28th Way	_
Fort Lauderdale, FL 33312	
6. The name and street address of the new registered agent (if changed) and /or registered (if changed):	7 III DOCT
Vickie Carcaise	ETAS F
P.O. Box NOT acceptable Fort Lauderdale FL 33312	SEE F
Fort Lauderdale, FL 33312	FLORI
The street address of its registered office and the street address of the business office of as changed will be identical.	്ന <b>് ധ</b>
Such change was authorized by resolution duly adopted by its board of directors or by authorized by the board, or the corporation has been notified in writing of the change.	
	of red
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and operformance of my duties, and I am familiar with and accept the obligation of my position. Or, if this document is being filed merely to reflect a change in the registered of hereby confirm that the corporation has been notified in writing of this change.	complete tion as registered ffice address, I
Signature of Page Land 19.24.1	<u> </u>
If signing on behalf of an entity:	
Typed or Printed Name	
* * * FILING FEE: \$35.00 * * *	