

744392

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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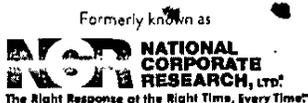
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MAY 10 2017
C. McNAIR



COGENCYGLOBAL



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
866.625.0838
COGENCYGLOBAL.COM

Account#: I20000000088

Date: May 09, 2017

Name: Michelle Walker

Reference #: C018815

Entity Name: GAMMA OMICRON CORPORATION OF ALPHA OMICRON PI

Articles of Incorporation/Authorization to Transact Business

Amendment

Change of Agent

Reinstatement

Conversion

Merger

Dissolution/Withdrawal

Fictitious Name

Other _____

17 MAY -9 PM 3:07
CORPORATE
DIVISION OF CORPORATIONS

Please include a copy of cover letter with returned evidence. Thanks!

Authorized Amount: \$ 35

Please note: If authorized amount is incorrect, please call Michelle at 518-213-0737.

Signature: Michelle Walker

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, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: GAMMA OMICRON CORPORATION OF ALPHA OMICRON PI
2. The principal office address: 5390 VIRGINIA WAY BRENTWOOD TN 37027
3. The mailing address (if different): 5390 VIRGINIA WAY BRENTWOOD TN 37027
4. Date of incorporation/qualification: September 26, 1978 Document number: 744392
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Incorp Services, Inc.

17888 67TH COURT NORTH,
LOXAHATCHEE, FL 33470

17 MAY - 9 PM 3:07
SECRETARY OF STATE
DIVISION OF CORPORATIONS

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

COGENCY GLOBAL INC.

115 North Calhoun St., Suite 4

P.O. Box NOT acceptable

Tallahassee, FL 32301

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Troylyn J. LeForge

Signature of an officer or director

Troylyn J. LeForge, Secretary

Printed or typed name and title

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 complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Sean Honan

Signature of Registered Agent

5/8/2017

Date

If signing on behalf of an entity:

Sean Honan, Assistant Secretary

Typed or Printed Name

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

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