B09000000065

Office Use Only



200290094932

B09-65 Chg & RA

09/22/16--01013--005 **35.00



N. CAUSSEAUX SEP 23 2016

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Omega Properties LP Name of Limited Partnership or Limited Liability Limited Partnership	
Name of Limited Partnership or Limited Liability Limited Partnership	
DOCUMENT NUMBER: 809000000065	···
The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to:	
Elizabeth Gibson Contact Person Omega Properties, LP Firm/Company 3087 Ford Lane Address Sealy TX 77474 City, State and Zip Code ehgibson @ yahoo. Com E-mail address: (to be used for future annual report notification)	
Contact Person	
Omega Properties, LP	
Firm Company	
3087 Ford Lane	
Address	
Sealu TX 77474	
City, State and Zip Code	
ehaibson @ 11ahon com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Elizabeth Gibson at (979) 627-7259 Name of Contact Person Area Code and Daytime Telephone Number	
Name of Contact Person Area Code and Daytime Telephone Number	
Enclosed is a \$35.00 check made payable to the Florida Department of State.	
STREET ADDRESS: MAILING ADDRESS:	
Registration Section Registration Section	
Division of Corporations Division of Corporations	
Clifton Building P. O. Box 6327	
2661 Executive Center Circle Tallahassee, FL 32314	
Tallahassee, FL 32301	

L'IMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. Omega Hoperties, LP Name of Limited Partnership or Limited Liability Limited Partnership
2. 06/01/2009 3. B0900000065
Date of filing/registration in Florida Florida document number
4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:
Mavis Molina
Name
5727 Hilltop Avenue
Mavis Molina Name 5727 Hilltop Avenue Address Panama City Beach, FL 32408 City, State and Zip
5. The name and Florida street address of the new registered agent and/or office:
City, State and Zip 5. The name and Florida street address of the new registered agent and/or office: Jack G. Williams Part Par
5. The name and Florida street address of the new registered agent and/or office: Jack G. Williams Parame Parame
6. Such change(s) is/are effective when filed by the Florida Department of State.
Signature of General Partner
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 an accept the obligations of my position as registered agent. Signature of Registered Agent
Filing Fee: \$35.00 Certified Copy (optional): \$52.50