

FC7000006250

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : DIVERSIFIED CORPORATE SERVICES INT'L, INC.
Account Number : I20090000024
Phone : (518)434-2877
Fax Number : (518)434-0943

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address:

DIVCORP@aol.com

**REGISTERED AGENT CHANGE
ONYX MANAGEMENT, INC.**

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01:16AM EDT Diversified Corp Services -> CORPORATIONS DIVISION

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ONXY MANAGEMENT, INC.
Name of Corporation

DOCUMENT NUMBER: F07000006250

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:

JERRY JOSEPH
Name of Contact Person

DIVERSIFIED CORPORATE SERVICES INT'L, INC.
Firm/Company

99 WASHINGTON AVENUE, STE. 702
Address

ALBANY, NEW YORK 12210
City/State and Zip Code

DIVCORP@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JERRY JOSEPH at (518) 229-8228
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

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**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: ONXY MANAGEMENT, INC.
2. The principal office address: 9636 SAN VITTORE STREET
LAKE WORTH, FL 33467
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 12/21/2007 Document number: F07000006250
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)

JERRY JOSEPH

100 GOLDEN ISLES DRIVE, STE. 1204

HALLANDALE, FLORIDA 33009

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

JERRY JOSEPH

3870 NE 168TH STREET

P.O. Box NOT acceptable

NORTH MIAMI BEACH, FL 33160

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.


Signature of an officer or director

GAIL SOMMER, DIRECTOR

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.


Signature of Registered Agent

09/15/2011

Date

If signing on behalf of an entity:

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
CR2E045 (8/05)

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