F08000003420

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ALLAHASSEF, FIGURE

C. LEWIS AUG 1 & 2013 EXAMINER

CÖVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: OmniPoint Holdings, Inc.

Name of Corporation

DOCUMENT NUMBER, F08000003420

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:

Derek W. Shipes

Name of Contact Person

OmniPoint Holdings, Inc.

Firm/Company

14707 S Dixie Hwy, Unit 104

Address

Miami, FL 33176

City/State and Zip Code

aileen.leon@omnipointstaffing.com

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

For further information concerning this matter, please call:

Aileen Leon

_{*},813

774-8199

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

*	provisions of sections 607.0502, 617.0502 inge is submitted for a corporation organi			
	r to change its registered office or registe			
1. The name of t	the corporation: OmniPoint Holding	js, Inc.		
2. The principal office address: 14707 S Dixie Hwy, Unit 104, Miami, FL 33176				
3. The mailing a	address (if different): 14707 S Dixie	Hwy, Unit 104, Miami, FL	33176	
4. Date of incor	poration/qualification: 02/22/2008	Document number: F08000	0003420	
	d street address of the current registered agreement of State: (If resigned, enter resigned		h the	
	Glenn W. Myer			
	3684 Tampa Road, Unit 2			
	Oldsmar, FL 34671			
6. The name and street address of the new registered agent (if changed) and /or registered officery (if changed): Derek W. Shipes				
	Derek W. Shipes		ASS	
	9250 SW 104 Street			
	P.O. Box NOT.	acceptable	3: 09 STATE	
The street address changed will	ess of its registered office and the street a be identical.	address of the business office of its	registered agent,	
•	as authorized by resolution duly adopted the board, or the corporation has been not	by its board of directors or by an o ified in writing of the change.	fficer so	
Signati	ire of an officer or director	Derek W. Shipes Printed or typed name and title		
I furthér agrée	the appointment as registered agent and to comply with the provisions of all statumy duties, and I am familiar with and act is document is being filed merely to reflet that the corporation has been notified in	ites relative to the proper and comi	olete as registered e address, I	
DIJ		08/12/2013		
•	nature of Registered Agent	Date		
If signing on be	chalf of an entity:			
	yped or Printed Name			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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