Division of Corporations

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

Account Name : REGISTERED AGENT SOLUTIONS INC Account Number : I20100000062

: (888)705-7274 Fax Number : (888)706-7274

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

Cm-47 A	Address:			
Emall A	waaress:			

## REGISTERED AGENT CHANGE OMET AMERICAS, INC.

Certificate of Status	0
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TO:

## **COVER LETTER**

15129570210

TO: Amendment Section Division of Corporations
OMET AMERICAS, INC.  Name of Corporation
·
DOCUMENT NUMBER: F18000004741
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:
Mary Castillo
Name of Contact Person
Registered Agent Solutions, Inc.
Firm/Company
1701 Directors Blvd. Suite 300
Address
Austin, Texas 78744
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Mary Castillo at ( 888 ) 705-7274
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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617, nge is submitted for a corporation or r to change its registered office or rej	ganized u	nder the la	ws of the State of	f Michiga		-	
I. The name of t	he corporation: OMET AMERIC	CAS, IN	C					
2. The principal	office address: 1291 BRUMMEL	AVEN	UE				_	
	VE VILLAGE, IL 60007						_	
	ddress (if different):				· · · · · · · · · · · · · · · · · · ·			
4. Date of incorp	poration/qualification: 10/16/2018	8	Document	number: F180	000047	41	<u></u>	
	I street address of the current registere training of State: (If resigned, enter resi		nd registere	ed office on file	with the			
	C T CORPORATION	SYST	EM					
1200 SOUTH PINE ISLAND ROAD								
	PLANTATION		FL	33324				
6. The name and street address of the new registered agent (if changed) and/or registered office (if changed):  Registered Agent Solutions, Inc.						TALLAHASS	2021 MAY 27	
	155 Office Plaza Dr.	S	Suite A					
	Tallahassee	Box NOT a	2230	1		FLO	AM 8:	
						ATE RID/		
The street addre as changed will	ess of its registered office and the str be identical.	eet addres	ss of the bu	isiness office of	its registe	ered agen	ıt,	
Such change wa authorized by th	as authorized by resolution duly ado the board, or the corporation has been	pted by its i notified	s board of in writing	directors or by a of the change.	in officer :	so		
Isl Francesc	· •	Fran	icesco F		Secre	tary	_	
I hereby accept I further agree t of my duties, an document is bei	the appointment as registered agen to comply with the provisions of all s d I am familiar with and accept the ng filed merely to reflect a change it been notified in writing of this char	statutes re obligation n the regis	e to act in	ted or typed name and this capacity, ne proper and co sition as register re address, I her		erforman Or, if th rm that th	ice his he	
Hode	nature of Registered Agent	05	/07/202	1				
Sign	nature of Registered Agent			Date			_	
If signing on bel	half of an entity:							
	Assistant Secretary  sped or Printed Name							
13	* * * FILING	FFF. C1	500 * * *					

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)