

F220000000207

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

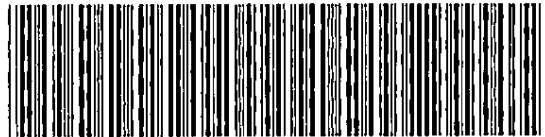
(Business Entity Name)

(Document Number)

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S. CHATHAM  
AUG 20 2023

2023/08/22 AM 11:43



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 31, 2023

JACQUES PIERRE  
99 WOOD AVENUE SOUTH, STE 501  
ISELIN, NJ 08830 US

SUBJECT: U.S. OMNI & TSACG COMPLIANCE SERVICES INC.  
Ref. Number: F22000000201

2023 AUG 22 AM 10:32  
RECEIVED

We have received your document for and your check(s) totaling \$52,500. However, the enclosed document has not been filed and is being returned for the following correction(s):

This form is incorrect for what you are trying to do. It only is applicable for the first year being filed. Attached is the correct form.

If you have any further questions concerning your document, please call (850) 245-6000.

Summer Chatham  
Regulatory Specialist III  
Director's Office

Letter Number: 423A00017190

please find a newly  
excited  
application.

Thank You!

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: U.S. OMNI + TSACG COMPLIANCE SERVICES, INC.  
Name of Corporation

DOCUMENT NUMBER: F22000000201

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jacques Pierre  
Name of Contact Person

U.S. OMNI + TSACG COMPLIANCE SERVICES, INC.  
Firm/Company

99 WOOD AVE SOUTH, STE 501  
Address

ISELIN, NJ 08830  
City/State and Zip Code

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

For further information concerning this matter, please call:

ERICA SCOTTHODIROSANO at 717, 723-3928  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$52.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy |
|--|--|---|---|

**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

**PROFIT CORPORATION**  
**APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR**  
**AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**  
(Pursuant to s. 607.1504, F.S.)

**SECTION I**  
**(1-3 MUST BE COMPLETED)**

F 22000000201

(Document number of corporation (if known))

1. U.S. OMNI + TSACG COMPLIANCE SERVICES, INC.

(Name of corporation as it appears on the records of the Department of State)

2. NEW YORK

(Incorporated under laws of)

3. 11/7/2022

(Date authorized to do business in Florida)

**SECTION II**  
**(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? \_\_\_\_\_

5. \_\_\_\_\_  
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) \_\_\_\_\_

6. If the amendment changes the period of duration, indicate new period of duration.

\_\_\_\_\_  
(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

\_\_\_\_\_  
(New jurisdiction)

8. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent \_\_\_\_\_

\_\_\_\_\_  
(Florida street address)

New Registered Office Address: \_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

\_\_\_\_\_  
*Signature of New Registered Agent, if changing*

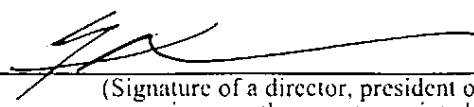
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9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Senior VP	Janet Williamson	220 Alexander St. Ste. 400 Rochester, NY 14607	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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0. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

  
 \_\_\_\_\_  
 (Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Jacques Pierre  
 \_\_\_\_\_  
 (Typed or printed name of person signing)

secretary / senior VP  
 \_\_\_\_\_  
 (Title of person signing)

FILING FEE \$35.00