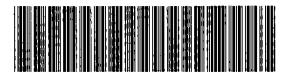
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Office Use Only



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SECRETARY OF STATEMENT AND SECRETARY OF SECRETARY

RA. Change C.COULLIETTE

MAY 2 7 2010

EXAMINER

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Sta ange is submitted for a corporation organized under the laws of the State of er to change its registered office or registered agent, or both, in the State of Flor	FLORZOA	<u> </u>
1. The name of t	the corporation: Omni Real Estate and Manugement	Compan	w. Inc.
2. The principal	the corporation: <u>Omni Rew Estate and Manuyement</u> office address: <u>509-521</u> SW 2 ND PLACE, Pompano Ben	ch, FL:	33060
3. The mailing a	address (if different):		
4. Date of incorp	poration/qualification: 8/10/1988 Document number: K306	40	
	d street address of the current registered agent and registered office on file with rtment of State: (If resigned, enter resigned)	the	
	JOSEPH B. WELLSAMS	•	
	10152-13-14 CT.		
	PLANTATION, FL 33322	SECRE	off.
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	TARY (
	JOSEPH B. WILLIAMS		
	SOSEPH B. WILLIAMS 10152 NW 13 TA CT. P.O. BOX NOT acceptable PLANTA 12NN, FL 33322	92	60 00
	P.O. Box NOT acceptable	>	
The street addre	ess of its registered office and the street address of the business office of its is be identical.	registered age	ent,
authorized by th	as authorized by resolution duly adopted by its board of directors or by an or the board, or the corporation has been notified in writing of the change.		
Signatur	To of an officer or director Soseph B. Williams / fred Printed or typed name and little	sident	_
I hereby accept I further agree to of my duties, an document is beil corporation has	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and comp ad I am familiar with and accept the obligation of my position as registered in filed merely to reflect a change in the registered office address, I hereby seen notified in writing of this change.	lete performa agent. Or, if confirm that	ince this the
Jundo S.	with spattered Agent S/24/70/0 Date		
Sign	nature of Registered Agent Date		_
If signing on be	chalf of an entity:		
Т	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 (8/05)

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