## L05000 1233 12

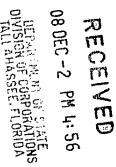
(Re	equestor's Name)			
(Address)				
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(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
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B. KOHR

DEC - 3 2008

**EXAMINER** 

08 DEC -2 ARII: IS

515 EAST PARK AV TALLAHASSEE, FI 222-1173	VENUE "	interity cond,	
FILING COVER ACCT. #FCA-14	SHEET		
CONTACT:	TRICIA TA	ADLOCK	
DATE:	12/2/08		1 1 0 0 E
REF. #:	0447.91465		6-2
CORP. NAME:	OMNIA RI	EALTY, LLC	OS DEC-2 MILLI-15
( ) ARTICLES OF INC	ORPORATION	( ) ARTICLES OF AMENDMENT	( ) ARTICLES OF DISSOLUTION
( ) ANNUAL REPORT		( ) TRADEMARK/SERVICE MARK	( ) FICTITIOUS NAME
( ) FOREIGN QUALIF	ICATION	( ) LIMITED PARTNERSHIP	( ) LIMITED LIABILITY
( ) REINSTATEMENT		( ) MERGER	( ) WITHDRAWAL
( ) CERTIFICATE OF	CANCELLATIO	N	
(XX) OTHER: CF	HANGE OF AGEN	VΤ	
STATE FEES P	REPAID W	TTH CHECK# <u>528473</u>	FOR \$ <u>25.00.</u>
AUTHORIZAT	ION FOR A	CCOUNT IF TO BE DEBITE	D:
		COST LI	MIT: \$
PLEASE RETU	RN:		
( ) CERTIFIED COP	PY ( ) (	CERTIFICATE OF GOOD STANDING	( XX ) PLAIN STAMPED COPY
( ) CERTIFICATE O	F STATUS		

**Examiner's Initials** 

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: OMNIA RI	EALTY, LLC
2. (a) Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS)	pany: 601 S. BOULEVARD TAMPA FL 33606
(b) Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	601 S. BOULEVARD TAMPA FL 33606
12/20/2005	L05000123312
12/29/2005  3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown	on the records of the Florida Dept. of State:
Registered Agent:	RIEF, FRANK J III, ESQ
Registered Office Address:	442 W KENNEDY BLVD., STE 340 TAMPA FL 33606 US
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :  NEW Registered Office Address:	CorpDirect Agents, Inc.
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	515 East Park Avenue  Tallahassee   □, FL 32301
(Signature of a member or authorized representative of a member)  Patricia Tadlock	street address of the registered office and the business
(Printed or typed name of signee)	
I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the am familiar with and accept the obligations of my posit F.S. Or, if this document is being filed to merely reflect confirm that the limited liability company has been not (Signature of Registered Agent)	nd agree to act in this capacity. I further agree to e proper and complete performance of my duties, and I tion as registered agent as provided for in Chapter 608, it a change in the registered office address, I hereby ified in writing of this change.
	Box 6327, Tallahassee, FL 32314

**FILING FEE: \$25.00** 

INHS18 (05/08)