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SEP 2 4 2014

T. CARTER

LLC RA/RO Change

COVER LETTER

Registration Section

TO:

INHS18 (2/14)

Division	of Corporations						
SUBJECT: W	WHITEFISHLOMA,LLC						
	Name of Limited Liability Company						
Dear Sir or Mad	am:						
The enclosed Re	egistered Agent/Registered Offic	e Change and fe	e(s) are submitted for filing.				
Please return all	correspondence concerning this	matter to the fol	llowing:				
MIGUEL VIAI	DERO						
	Name of Person		•				
CENTRAL FL	ORIDA DENTAL LAB						
	Firm/Company		•				
1180 SPRING	G CENTRE SOUTH BLVD.	SUITE 221					
	Address		•				
ALTAMONTE	SPRINGS, FL 32714						
	City/State and Zip Code		•				
centralflorida	@embarqmail.com						
E-mail add	lress: (to be used for future annu-	al report notifica	ition)				
For further infor	mation concerning this matter, p	lease call:					
MIGUEL VIA	DERO	407 at (862-2900				
	Name of Person		Area Code & Daytime Telephone Number				
Registra Division Clifton I 2661 Ex	T/COURIER ADDRESS: ation Section of Corporations Building accutive Center Circle assee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					
Enclose	d is a check for the following a	mount:					
□ \$25 F	Filing Fee	□ \$55	Filing Fee & Certified Copy				

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. Na	ame of the limited liability company:	OMA,LLC					
2. (a)	CENTRAL FLORIDA DENTAL	(b)					
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 1180 SPRING CENTRE SOUTH BLV.#221	(~/	Mail	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	ALTAMONTE SPRINGS,FL 32714						
	8/7/2014	L06	80000509	72			
3.	Date of filing/registration in Florida	4.	Do	ocument number			
5. (a)							
()	Registered Agent and Registered Office shown on the records of the LORI G SOMMERS	he Florida Dep	t. of State:				
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)	····				
	6091 LINNEAL BEACH DR				7	AT SE	
	APOPOKA FI	32703			CRET LAH SEP		
	, , , , , , , , , , , , , , , , ,				17	ARY ASSE	
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office address			PH	<u> </u>	
	Enter name of NEW Registered Agent and/or NEW Registered	Omce address	:		2:	STA	
	MIGUEL VIADERO				5	A AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	
	NEW Registered Office Address:						
	5777 PRENTISS WAY						
	OVIEDO FL.	32765					
the cha agent v was/we the arti	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of ides of organization or the operating agreement of the	ys of the Star the registere bility compa f the limited limited liabi	ed office an any, it is he liability co lity compa	nd the business of ereby confirmed to company or as other ony.	fice of the hat the ch erwise pro	e registered ange(s)	
Signa	Ture of a member or authorized representative of a member		رير <u>)</u> Pri	o MMEV inted or typed name of	of signee		
I here provisi the obl to mer notifie	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I h d in whiting of this change.	ee to act in t	his capacit	tv. I further agre	e to comp	ly with the and accept being filed as been	
Signatu	re of Begistered Agent						