

L07000069311

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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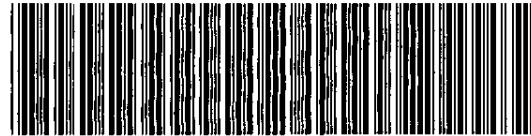
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 DEC 14 PM 2:21

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OMC MANAGEMENT, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

AMELIA RANDOLPH

Name of Person

OMC MANAGEMENT, LLC

Firm/Company

815 MABBETTE STREET

Address

KISSIMMEE FL 34741

City/State and Zip Code

jmurphy@omcincorp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JIM MURPHY

Name of Person

at (407)

397 9000

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: OMC MANAGEMENT, LLC

2. (a) Principal office address of limited liability company: 815 MABBETTE STREET

(Note: MUST BE STREET ADDRESS)

KISSIMMEE FL 34741

(b) Mailing address of limited liability company:

815 MABBETTE STREET

(Note: MAY BE POST OFFICE BOX)

KISSIMMEE FL 34741

07/02/2007

3. Date of filing/registration in Florida

4. Document number

L07000069311

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

MICHAEL SPINA

Registered Office Address:

7115 BLUE INDIGO CRESCENT
WINTDEN GARDEN FL 34787

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent:

AMELIA RANDOLPH

NEW Registered Office Address:

815 MABBETTE STREET

(MUST BE FLORIDA STREET ADDRESS)

KISSIMMEE, FL 34741

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

JIM MURPHY
Signature of a member or authorized representative of a member

JIM MURPHY

Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Amelia Randolph
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00