11/16/23, 11:41 AM

Division of Corporations

Elevida Department of State Ulvisian of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000396806 3)))



H230003968063ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

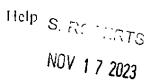
To:	B4		_
	Division of Cor	•	5
	Fax Number	: (850)617-6383	
From:			
	Account Name	: C T CORPORATION SYSTEM	_
	Account Number	: FCA000000023	
	Phone	: (614)280-3338	
	Fax Number	: (614)280-3338	
		, ,	-
*Enter		s for this business entity to be used for future	
		ngs. Enter only one email address please.**	

LLC REGISTERED AGENT CHANGE OMNI HEALTH MANAGEMENT, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu



To: Page: 3 of 3 2023-11-16 08.43:28 PST 19548277645 From: Kaity Toon

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.

	ame of the limited liability company: OMNI HEALTH No change	(b) No chang	e
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3.	04/30/2008 Date of filing/registration in Florida	L08000043	081 Document number
	COGENCY GLOBAL INC.		
5. (ย)	Registered Agent and Registered Office shown on the records of 115 NORTH CALHOUN ST.	2623	
	Registered Office Address (MUST BE FLORIDA STREET) SUITE 4	<u>ADDRESS)</u>	-
	TALLAHASSEE, FI	32301	- : - :
(b)	C T Corporation System	. a	
	Enter name of NEW Registered Agent and/or NEW Registered		
	1200 South Pine Island Road		
	NEW Registered Office Address:		-
	Plantation FI	33324	_
the chagent was was was the art	limited liability company is not organized under the lar ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- tere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	f the registered offic ability company, it i of the limited liabili	ee and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in supany.
	Korosec, Secretary ature of a member or authorized representative of a member	75' Nara Norosco	Printed or typed name of signee
I here provis the ob to met	rby accept the appointment as registered agent and ag- sions of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address. I ed in writing of this change. CT Corporation System is! Michele Holden, Asst Sect	performance of my d for in Chapter 60	pacity. I further agree to comply with the duties, and I am familiar with und acceps. F.S. Or, if this document is being filed