## L1400085237

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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## **COVER LETTER**

TO:	Registration Section Division of Corporations			
SUBJI	Omoted Geophysical Consul	ting LLC		
0000		of Limite	d Liability Company	
Dear S	ir or Madam:			
The en	closed Registered Agent/Registered Offic	e Change	and fee(s) are submitted fo	or filing.
Please	return all correspondence concerning this	matter to	the following:	
Rocc	o Detomo			
	Name of Person			₹ 129
Omo	ted Geophysical Consulting LLC			19 JUH - 4
	Firm/Company			1
981 E	E Eau Gallie Blvd Ste E MR56			: > : > ''
	Address			्रिक
India	n Harbour Beach, Florida 32937			) L
	City/State and Zip Code		<del></del> -	
jdeto	mo@gmail.com			
E	E-mail address: (to be used for future annu	al report r	otification)	
For fu	rther information concerning this matter, p	olease call		
Rocc	o Detomo	202	352-7406	
	Name of Person	(	Area Code & Daytin	ne 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 3231	4
	Enclosed is a check for the following a	ımount:		
	☑ \$25 Filing Fee		\$55 Filing Fee & Certific	ed Copy
INHSI	8 (2/14)			



## FLORIDA DEPARTMENT OF STATE Division of Corporations

May 4, 2018

ROCCO DETOMO 981 E EAU GALLIE BLVD STE E MR56 INDIAN HARBOUR BEACH, FL 32937

SUBJECT: OMOTED GEOPHYSICAL CONSULTING, LLC

Ref. Number: L14000085237

We have received your document for OMOTED GEOPHYSICAL CONSULTING LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott Regulatory Specialist II

Letter Number: 718A00009292

ØD

RECEIVED

2018 JUN-4 AM 10: 49

MANSION OF CORPORATION OF CORPORAT

## 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.

I. N	ame of the limited liability company: Omoted Geop	hysica	l Consultir	ng LLC			
2. (a)	981 E Eau Gallie Blvd	(b) 981 E Eau Gailie Blvd					
2. (4)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(*	•	Mailing address (Note: MA)		-	
	Ste E MR56		Ste E MI	R56			
	Indian Harbour Beach, FL 32937	_	Indian H	arbour Be	ach, FL	. 32937	, <u>.</u>
	05/28/2014		L1400008	35237			
3.	Date of filing/registration in Florida	4.		Document r	number		
5. (a)	United States Corporation Agents, Inc.						
J. (u)	Registered Agent and Registered Office shown on the records of t	he Florida	Dept. of State	!!			
	13302 Winding Oaks COURT						
	Registered Office Address (MUST BE FLORIDA STREET A	•	<b>;</b> ;				
	Suite A				;	2713	
	Tampa , FL	33612		•			***
41.	Rocco Detomo Jr				. ,	704 - H	**************************************
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			-	:	$\geqslant$	[ Farms
						₫	Lame
	981 E Eau Gallie Blvd			-		r.	
	NEW Registered Office Address:						
	Ste E MR56						
	Indian Harbour Beach, FL	32937		_			
the chaagent was/w the art Signa I here provise the obto mer notifie	limited 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 icles of organization or the operating agreement of the autre of a member or authorized representative of a member or authorized representative of a member or authorized representative of a member of a member of all statutes relative to the proper and complete ligations of my position as registered agent as provided in writing of this change.	the reginability confitted limited Room	stered office ompany, it is lited liability liability com cco Detom	e and the bus hereby company company on Jr  Printed or type control of type control or type co	siness of dirmed the or as other	fice of the hat the corwise proof signee	ne registered hange(s) rovided in

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00