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.

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

To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : REGISTERED AGENT SOLUTIONS INC Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274 **Enter the email address for this business entity to be used for friture annual report mailings. Enter only one email address please Email Address: 윤

LLC REGISTERED AGENT CHANGE **OMO RECORDS LLC**

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EXAMINER

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COVER LETTER

TO: Registration Section Division of Corporations			
OMO RECORDS LLC			
	ne of Limited L	iability Company	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing	
Please return all correspondence concerning th	is matter to the	following:	
Mary Castillo			
Name of Person			
Registered Agent Solutions, Inc.			
Firm/Company			
1701 Directors Blvd, Suite 300			
Address			
Austin, TX 78744			
City/State and Zip Code			
notices@rasi.com			
E-mail address: (to be used for future ann	ual report notif	fication)	
For further information concerning this matter,	, please cail:		2019
Mary Castillo	888	705-7274	FEB AHA
Name of Person		Area Code & Daytime Tele	
STREET/COURIER ADDRESS:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327		AN 9. UF STA
Registration Section	Registration Section Division of Corporations		- 83 .a
Division of Corporations Clifton Building	P.O. Box 6327		1 9: 45 STATE LORID,
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314		
Enclosed is a check for the following	g amount:		
☑ \$25 Filing Fee	a \$	55 Filing Fee & Certified Cop	у
INHS18 (2/14)			

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.

2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 6439 SW 132 CT CIRCLE MIAMI, FL 33183 PO BOX 835884 MIAMI, FL 33283 9/30/2016 L16000182596 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: GUZMAN, CHRISTINE S Registered Office Address B439 SW 132 CT CIRCLE MIAMI Benter name of NEW Registered Agent and/or NEW Registered Office address: 155 Office Plaza Dr. Suite A Tallahassee 32301 FL 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 or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. If Eduardo R. Guzman Signature of a member or authorized presentative of a member Princed or typed name of signar. Princed or typed name of signar.	1. N	ame of the limited liability company: OMC	RECORD	S LLC		
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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						
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 605. 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.	provi. the ol	sions of all statutes relative to the proper and co bligations of my position as registered agent as rely reflect a change in the registered office add ed in writing of this change.	and agree to act in t omplete performance provided for in Chaj dress, I hereby confi	his capacity. I further agree to comply with the of my duties, and I am familiar with and accept ster 605, F.S. Or, if this document is being filed im that the limited liability company has been		
Justine Karnell Signature of Fegistered Agent Assistant Secretary	Signa		.,			
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25.00		Division of Corporations		allahassee, FL 32314		