Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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LLC REGISTERED AGENT CHANGE OMO RECORDS LLC

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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. N	ame of the limited liability company: OMO Records LL	С					
2. (a)		(b)					
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	09/28/16	L1600018	2596				
3.	Date of filing/registration in Florida	4.	Document number				
5. (a)	GUZMAN, EDUARDO R, MGR						
, , , , , ,	Registered Agent and Registered Office shown on the records of	the Florida Dept. of St	tate:				
	7901 4th St N						
	Registered Office Address (MUST BE FLORIDA STREET)	Registered Office Address [MUST BE FLORIDA STREET ADDRESS]					
	Ste 300						
	St. Petersberg	33702					
	St. Petersberg , FL	·	2024 APR 10				
(b)	Northwest Registered Agent LLC		AP .:				
	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	ー				
	7901 4th St N		0 PH				
	NEW Registered Office Address:						
	STE 300		_				
	St. Petersburg , FL	33702	_				
If the I	imited liability company is not organized under the law	vs of the State of I	Florida, it is hereby confirmed that after				
the cha agent v was/w the art	ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited like ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	`the registered offi ability company, it of the limited liabil	ice and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in				
	ature of a member or authorized representative of a member		Printed or typed name of signee				
I here provisi the obt to mer notifie	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I do in writing of this change. Taylor Newman - Assistant Series of Registered Agent	performance of m d för in Chapter bi herehy confirm tha	macity. I further govee to comply with the				
Signatu	ire of Registered Agent						