## 117000022688

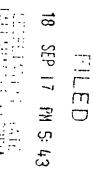
| (Requestor's Name)                      |                  |           |  |  |
|---|------------------|-----------|--|--|
| (Address)                               |                  |           |  |  |
| (Address)                               |                  |           |  |  |
| (City/                                  | State/Zip/Phone  | #)        |  |  |
| PICK-UP                                 | ☐ WAIT           | MAIL      |  |  |
| (Busi                                   | ness Entity Name | e)        |  |  |
| (Document Number)                       |                  |           |  |  |
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| Special Instructions to Filing Officer: |                  |           |  |  |
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SEP 10.7018

## **COVER LETTER**

| TO:  | Registration Section Division of Corporations | •   |  |  |  |  |
|--|---|---|--|--|--|--|
| SUBJE  | The OmniPad Company, LLC                      | The OmniPad Company, LLC  |  |  |  |  |
| 50000  | Name of Limited Liability Company             |   |  |  |  |  |
| Dear Si  | r or Madam:                                   |   |  |  |  |  |
| The enc  | closed Registered Agent/Registered Offic      | ce Change and fee(s) are submitted for filing.  |  |  |  |  |
| Please r   | return all correspondence concerning this     | s matter to the following:  |  |  |  |  |
| Neil E   | pstein  |   |  |  |  |  |
|  | Name of Person                                |   |  |  |  |  |
| The O  | mniPad Company, LLC                           |   |  |  |  |  |
|  | Firm/Company                                  |   |  |  |  |  |
| 1112   | Cuerno Street                                 |   |  |  |  |  |
|  | Address                                       |   |  |  |  |  |
| Tallah   | assee, Florida 32304                          |   |  |  |  |  |
|  | City/State and Zip Code                       |   |  |  |  |  |
| Neil@  | OmniPad.com                                   |   |  |  |  |  |
| E-   | -mail address: (to be used for future annu    | al report notification)   |  |  |  |  |
| For furt   | ther information concerning this matter,      | please call:  |  |  |  |  |
| Neil E   | pstein  | at () 980-1772  |  |  |  |  |
|  | Name of Person                                | Area Code & Daytime Telephone Number  |  |  |  |  |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 |   | MAHLING 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  |  |  |  |  |
| 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.

| L. Na                                       | me of the limited liability company: The OmniPad  | Comp  | any, LLC  |  |
|---|---|---|---|--|
| 2. (a)                                      | 1415 East Piedmont Drive #5   | (b) 1112 Cuerno Street                                |   |  |
| (,  | Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  |   |   | dailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  |
|   | Tallahassee, Florida 32308  | _   | Tallahas  | see, Florida 32304   |
|   | 1/30/2017   | _   | L1700002  | 22688  |
| 3.  | Date of filing/registration in Florida  | 4.  |   | Document number  |
| 5. (a)                                      | Neil Epstein  |   |   |  |
| ` ,   | Registered Agent and Registered Office shown on the records of the  | he Florida  | Dept. of State  | :  |
|   | 2120 Killarney Way #125   |   |   |  |
|   | Registered Office Address (MUST BE FLORIDA STREET A   | tered Office Address (MUST BE FLORIDA STREET ADDRESS) |   | S 2 -1   |
|   | Tallahassee, Florida 32309  |   |   |  |
|   | FL_   |   |   | SEP 17 PH 5: 43  |
| (b)   | Neil Epstein  |   |   | 25 St. 22  |
| (")   | Enter name of NEW Registered Agent and/or NEW Registered 6  | Office add  | <u>lress</u> :  | 5  |
|   | 1112 Cuerno Street  |   |   |  |
|   | NEW Registered Office Address:  | <u></u>   |   |  |
|   | T. P. L   |   |   |  |
|   | Tallahassee . FL  | 32304   |   |  |
| the cha<br>agent w<br>was/we                | mited liability company is not organized under the law nge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liagre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l | the regis<br>bility co<br>the lim<br>limited l        | stered office<br>impany, it is<br>ited liability              | and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in  |
| Signat                                      | ure of a member or authorized representative of a member  |   |   | Printed or typed name of signee  |
| provisie<br>the obli<br>to mere<br>notified | by accept the appointment as registered agent and agro<br>ons of all statutes relative to the proper and complete p<br>igations of my position as registered agent as provided<br>by reflect a change in the registered office address. I h<br>I in writing of this change                | re to act<br>perform<br>I for in C<br>ereby co        | in this cape<br>ance of my c<br>Thapter 605,<br>onfirm that i | ncity. I further agree to comply with the<br>luties, and I am familiar with and accept<br>, F.S. Or, if this document is being filed<br>the limited liability company has been |

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