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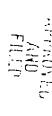
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LLC REGISTERED AGENT CHANGE **OMNIBUYS LLC**

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JUN 2 9 ZOZZ

K. Brumbley

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

Florida		::D	114	\sim				
l. Na	me of the limited liability company: UMT	niBuys	<u> </u>	<u> </u>				
2. (a)			(b)				
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability c (Note: MAY BE POST OFFICE				
	7901 4th St N STE 300			7901	4th St N S7	E 300		
	St. Petersburg FL 33702			St. Pe	etersburg FL 3	3702		
	02/05/2018			l	_18000031111	_		
3.	Date of filing/registration in Florida		4.		Document no	ımber		
5. (a)	ABUVALA, RAVI							
J. (a)	Registered Agent and Registered Office shown on the r	records of the	Florida	Dept. of	State:			
	3906 US HIGHWAY 98 W Registered Office Address (MUST BE FLORIDA S	 STREET AD	DRESS)				
	#1484			-				
	71707							
	SANTA ROSA BEACH	, FL	3245	59		- :	20.	
	Northwest Registered Ag	iont I I	\sim			-	62 HOF 2202	
(b)	Northwest Registered Ag			<u> </u>		'		_ 3
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW B</u>	<u>Cegistered Oi</u>	nice an	aress:			29	=23
	7901 4th St N						≱	
	NEW Registered Office Address:						. 9	-
	STE 300						9: 34	
								
	St. Petersburg	, FL	3702	2				
the cha agent was/we	imited liability company is not organized underinge or changes are made, the Florida street acwill be identical. Or, in the case of a Florida liere authorized by an affirmative vote of the models of organization or the operating agreeme	ddress of th imited liab embers of t	ie regi: ility co the lin	stered of ompany, sited liab	ffice and the busi it is hereby conf pility company or	ness offic irmed tha	e of the t the cha	registered ngc(s)
	Margan Parker				Morgan Noble	;		
Signat	Signature of a member or authorized representative of a member			*	Printed or type	d name of s	ignee	
provisi the obl to mere	by accept the appointment as registered agent ons of all statutes relative to the proper and c igations of my position as registered agent as ely reflect a change in the registered office ad I in yeiting of this change.	complete pe s provided t	erform for in (ance of 1 Chapter	my duties, and Le 605. F.S. Or. if i	am famiti this docur	ar with a nent is b	na accept eine filed

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

Tom Glover - Assistant Secretary

Signature of Registered Agent