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COVER LETTER

Division of Corporations	•
OMalley And Tyburski Services SUBJECT:	
	mited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Cha	nge and fee(s) are submitted for filing.
Please return all correspondence concerning this matte	er to the following:
Michael J. O'Malley	
Name of Person	
OMalley And Tyburski Services	
Firm/Company	
2605 Longboat Court, N.	
Address	
Ponte Vedra Beach, FL 32082	
City/State and Zip Code	
michaelo l 1@comeast.net	
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please	call:
Michael J. O'Malleyat (at (201-400-3849
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amoun	it:
□ \$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.

1. No	ame of the limited liability company: OMalley And Tybu	arski S	ervices		
2. (a)	Michael O'Malley		(b) Charles Tyburski		
<i></i> (<i>a</i>)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	2605 Longboat Court North				
	Ponte Vedra Beach, F1. 32082	_			
	4/10/2018		1.48000089	2162	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	United States Corporation Agents, Inc.				
J. (a)	Registered Agent and Registered Office shown on the records of the 13302 Winding Oak Court A			ite:	
	Registered Office Address (MUST BE FLORIDA STREET A.	DDRES	<u>S)</u>		
				1 (20)	
	Tampa . FL	33612		• ;	
				 ↓ Ç.∋	
(b)					
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office a	<u>ddress</u> :	က	
	Michael J. O'Malley			0	
	NEW Registered Office Address:		.=		
	2605 Longboat Court, N.				
	Ponte Vedra Beach FL	32082		_	
change agent was/we the erti Signat I herel provisithe oblite to mere notified	rmited liability company is not organized under the laws or changes are made, the Florida street address of the result be identical. Or, in the case of a Florida limited liability and affirmative vote of the members of cless of organization or the operating agreement of the liability accept the appointment as registered agent and agree ones of all statutes relative to the proper and complete properties of a change in the registered agent as provided by reflect a change in the registered office address. I he writing of this change. Division of Corporations P.O. Be	registe oility of the linited	red office ar ompany, it is nited liability con Lieu Lieu Lieu Lieu Lieu Lieu Lieu Lieu	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in inpany. Printed or typed name of signee to comply with the duties, and I am familiar with and accept 5. F.S. Or, if this document is being filed the limited liability company has been	

FILING FEE: \$25.00

INHS18 (2/14)