

L19000103036

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

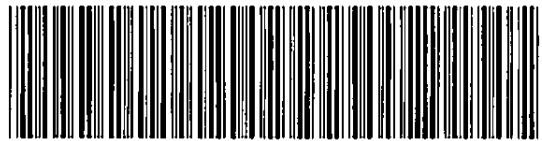
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FILED
2024 MAY 14 AM 10:38
CLERK OF COURT
JUDICIAL DISTRICT OF CLATSOP
ASTORIA, OREGON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Omega Miracle LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Leo Sarria

Name of Person

Omega Miracle LLC

Firm/Company

3370 Hidden Bay dr # 2612

Address

Aventura, FL, 33180

City/State and Zip Code

omegamiracle369@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Leo Sarria

Name of Person

at (419) 205 4959

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 amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

☒ \$35 already sent (see check copy attached)

**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. Name of the limited liability company: Omega Miracle LLC

2. (a) 3370 NE 190th St #2612

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

Aventura FL 33180

(b) 3370 NE 190th St #2612

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

Aventura FL 33180

3. 4/15/2019

Date of filing/registration in Florida

4. 219000103036

Document number

5. (a) Bill Harte
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

7901 4th St N STE300

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

St. Petersburg, FL 33702

(b) Leo Sarria

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

3370 NE 190th St #2612

NEW Registered Office Address:

Aventura, FL 33180

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.

Leo Sarria
Signature of a member or authorized representative of a member

Leo Sarria
Printed or typed name of signee

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 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.

Leo Sarria
Signature of Registered Agent

FILED
2024 MAY 14 AM 10:38
TALLAHASSEE, FL
DIVISION OF CORPORATIONS