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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO	. :	12000000)195					
REFERENC	E :	603193	8394729					
AUTHORIZATIO	и :		Const.	ene				
COST LIMI	т:	\$ 25.00		a see				
ODDED DAME			·					
ORDER DATE : August 21, 202	4							
ORDER TIME : 10:43 AM								
ORDER NO. : 603193-021								
CUSTOMER NO: 8394729								
CHANGE OF AGENT								
NAME: OMNI-SERV, 1	L.L.C							
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:								
CERTIFIED COPY								
X PLAIN STAMPED COPY								
CONTACT PERSON: Shauna Godbolt								
I	EXAMI:	NER'S INIT	TALS:					

, 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.	Na	me of the limited liability company: OMNI-SERV,	L.L.C.				
2.	(a)	2029 Morris Ave		(b)	2029 Mor	Morris Ave Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(~)			
		2nd floor		2nd floo		or .	
		UNION, NJ 07083		_	UNION, N	J 07083	
		04/25/2005		M	05000002	2259	
3.		Date of filing/registration in Florida	4.			Document number	
5.	(a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State NRAI SERVICES, INC Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 1200 South Pine Island Road				:	
		Plantation , I	 -L_33324			2024 SECI TAI	
	(b)	Enter name of NEW Registered Agent and/or NEW Register Corporation Service Company NEW Registered Office Address: 1201 Hays Street	ed Office :	addr	ess:	FILED 2024 AUG 22 PM 12: 51 SECRETARY OF STATE TALLAHASSEE, FL	
		Tallahassee, i	_{FL} 32301	_			
cha age wa	inge ent v s/wo	mited liability company is not organized under the I or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the members cles of organization or the operating agreement of the	ne registe liability o of the li	red com mit	office and pany, it is ed liability	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in	
		/S/ Anthony DeLucia	Ar	ntho	ny DeLuci	a, Authorized Person	
	_	ure of a member or authorized representative of a member				Printed or typed name of signee	
the to i not	ovisi obli nere ified	ny accept the appointment as registered agent and agons of all statutes relative to the proper and complet gations of my position as registered agent as providity reflect a change in the registered office address, it is writing of this change.	gree to ac e perform led for in l hereby	ct in nand Cha conf	this capa ce of my d apter 605, irm that th	city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been	
Ğf	ace ace	E. Kirby, Asst. Vice President	.	•		EL 2224	

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

INHS18 (2/14) 603193