

110800000/384

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

(Document Number)

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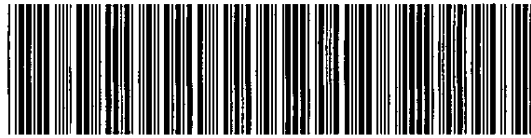
Special Instructions to Filing Officer:

**A. LUNT**

**MAR 25 2009**

**EXAMINER**

Office Use Only



300146427863

03/24/09--01032--012 \*\*55.00

**FILED**  
**2009 MAR 24 PM 12:55**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** OmniPoint 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:

Aileen Leon  
(Name of Person)

OmniPoint LLC  
(Firm/Company)

16537 SW 99 Lane  
(Address)

Miami, FL 33196  
(City/State and Zip Code)

For further information concerning this matter, please call:

Aileen Leon at ( 813 ) 774-8199  
(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

**MAILING 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

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**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR  
LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 608.416 or 608.508, 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: OmniPoint LLC

2. (a) Principal office address of limited liability company: 3111 W Dr. MLK Jr. Blvd  
**(Note: MUST BE STREET ADDRESS)** Suite 100  
Tampa, FL 33607

(b) Mailing address of limited liability company: 16537 SW 99 Lane  
**(Note: MAY BE POST OFFICE BOX)** Miami, FL 33196

03/20/2008

3. Date of filing/registration in Florida

M08000001384

4. Document number

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

Registered Agent: Glenn Myer

Registered Office Address: 3111 W Dr. MLK Jr. Blvd  
Suite 100  
Tampa, FL 33607

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent: Debra A Myer


NEW Registered Office Address: 3111 W Dr. MLK Jr. Blvd  
**(MUST BE FLORIDA STREET ADDRESS)** Suite 100  
Tampa, FL 33607

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.

  
(Signature of a member or authorized representative of a member)

Derek W. Shipen  
(Printed or typed name of signer)

*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 608, 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.*

  
(Signature of Registered Agent)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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