Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H140000551673)))



H140000551673ABC\$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (850)222-1092

Phone Fax Number

: (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC REGISTERED AGENT CHANGE OMEGA RESOURCE SOLUTIONS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	S25.00

B. BOSTICK

Electronic Filing Menu

Corporate Filing Menu

Help

MAR - 7 2014

EXAMINER

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.

2. (a)	Principal office address of limited liability company: (Note: MUST RE STREET ADDRESS)	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	1/29/2014		M14000	0000572
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	NRAI SERVICES, INC.			
	Registered Agent and Registered Office shown on the records of 1200 SOUTH PINE ISLAND ROAD	the Florid	a Dept. of	State:
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u>57)</u>	
	PLANTATION , FI	33324		
(b)	C T Corporation System			
(0)	Enter name of NEW Registered Agent and/or NEW Registered	d Office as	idress:	
	NEW Registered Office Address:			
	1200 South Pine Island Road			
	Plantation , FI	L 33324		
the cha agent v was/we the arti	imited liability company is not organized under the launge or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited lies authorized by an affirmative vote of the members cles of organization or the operating agreement of the	f the regi lability c of the lind limited	istered of ompany, nited liab liability	ffice and the business office of the registered it is hereby confirmed that the change(s) bility company or as otherwise provided in
	ture of a member or authorized representative of a member			Printed or typed name of signec
i herel provisi the obli to mere notified CTCo By:	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as provide the registered office address, I din writing of this change. I amos in the registered office address, I have a support of the registered office address, I have a support of the registered office address. I have a support of the registered Agent of Registered Agent of Registered Agent of Registered Agent of the registered agent as provide a registered agent as provide agent agen	ree to ac e perform ed for in hereby c A. Halp Secretar	t in this pance of Chapter to the thick the th	capacity. I further agree to comply with the my duties, and I am familiar with and accep 605. F.S. Or, if this document is being filed hat the limited liability company has been

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