To: 18506176383

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Division of Corporations

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From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 : (307)200-2803 Phone : (813)436-5206 Fax Number

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

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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 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.	OM, LLC		
2. ((a)		0	b)	
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		1201 North Federal Highway #7520		1201 North	Federal Highway #7520
		Fort Lauderdale Florida 33338	_	Fort Lauderdale Florida 33338	
		10/14/14		M140000074	133
3.		Date of filing/registration in Florida	4.		Document number
5.	(a)	UNITED STATES CORPORATION AGENTS, INC			
٥.	((• 7	Registered Agent and Registered Office shown on the records of (•
		476 RIVERSIDE AVE.			<u></u>
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		FILEU PHIZ: 15 PALLAHASSEL IT BAID	
		JACKSONVILLE, FL	32202		EB-4 PH
ſ	b)	Registered Agents Inc			TIP.
•	,	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	ldress:	影 5
		7901 4th St N			•
		NEW Registered Office Address:			
		STE 300			
		St. Petersburg . FL	33702		
the ager was the	cha nt w /we artic	mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited liar re authorized by an affirmative vote of the members of eles of organization or the operating agreement of the	the regi bility co f the lin	stered office ompany, it is nited liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
Si	gnat	are of a member of authorized representative of a member			Printed or typed name of signee
pro the to n	visio obli iere fica	by accept the appointment as registered agent and agrous of all statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a change in the registered office address, I leave the change of this change.	perform I for in (iereby c	t in this cape ance of my c Chapter 605, onfirm that i	ncity. I further agree to comply with the luties, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been
Ċ:	_	David Corets David Roberts - Assistant Se	cretary		