Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ASENTS AND CORPORATIONS, INC

Account Number: I20010000112 Phone : (302)575-0875

Fax Number

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

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LLC REGISTERED AGENT CHANGE OMNIELITE FINANCIAL GROUP LLC

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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. 1	Na	me of the limited liability company: OMNIELITE	FINAN	CIAL GRO	OUP LLC	
2. (a) .	Principal office address of limited liability company:	(o)(o	Mailing address of limited liability company:	
		(Note: MUST BE STREET ADDRESS)		,—————————————————————————————————————	(Note: MAY BE POST OFFICE BOX)	 ·
_		10/8/2015	_	M150000		
3.		Date of filing/registration in Florida	4.		Document number	
5. (a)	a)	Registered Agent and Registered Office shown on the records of BUSINESS FILINGS INCORPORATED				
		Registered Office Address (MUST BE FLORIDA STREET.)	ADDRES	<u>\$1</u>	<i>-</i> ;	
		1200 SOUTH PINE ISLAND ROAD			P R	
		PLANTATION , FL	33324	,	- R 2	
()	b)					î
	Enter name of NEW Registered Agent and/or NEW Registered Off AGENTS AND CORPORATIONS, INC.			<u>jąter</u> :	and the second second	
					<u>0</u> 0 0	
		NEW Registered Office Address	 -		- "+	
		300 FIFTH AVENUE SOUTH, SUITE 101-3	30		_	
		NAPLES , FI	34102		_	
the cagen was/	t v w	imited liability company is not organized under the lainge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members cles of organization or the operating agreement of the	f the reg ability of of the line limited	istered office company, it is mited liabili- liability con	we and the business office of the register is hereby confirmed that the change(s) ty company or as otherwise provided in mpany.	ered
Sig	103	ture of a member or authorized representative of a member	<u> 111</u>	LLON BRI	Printed or typed name of rignee	
I he proving the control motificed in the control of the control o	rei ist obl ere fier	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete iguitions of my position as registered agent as provide by reflect a change in the registered office address. It is not provided in a provided to a change of this change.	ree to au t perform id for in hereby	et in this cup nance of my Chapter 60 confirm that	• • • •	the cept led n
انوا ^ت ا	/		w		WT 14314	

Division of Corporations • P.O. Box 6327 • Tallabassee, FL 32314 FILING FEE: 525.00

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