

MT 000004636

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

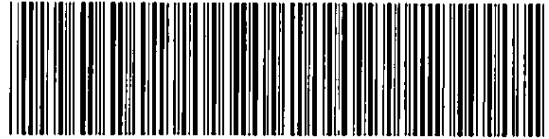
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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S. CHATHAM  
AUG 15 2023

2023 AUG 14 PM 2:03

RECEIVED

ALLAHASSEE, FLORIDA


2023 AUG 14 PM 3:20

RECEIVED

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 867824 8128162

AUTHORIZATION : 

COST LIMIT : \$ 25.00

-----  
ORDER DATE : July 12, 2023

ORDER TIME : 2:57 PM

ORDER NO. : 867824-040

CUSTOMER NO: 8128162  
-----

CHANGE OF AGENT

NAME: OMNIPOINT MANAGEMENT SOLUTIONS  
LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker

EXAMINER'S INITIALS: \_\_\_\_\_

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Omnipoint Management Solutions 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:

Shawn Kelley

\_\_\_\_\_  
Name of Person

Omnipoint Management Solutions LLC

\_\_\_\_\_  
Firm/Company

2303 Union Rd

\_\_\_\_\_  
Address

West Seneca, NY 14224

\_\_\_\_\_  
City/State and Zip Code

licensing@omnipoint.org

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shawn Kelley

866

321-9078

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**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. Name of the limited liability company: Omnipoint Management Solutions LLC

2. (a) Principal office address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)*  
2303 Union Rd West Seneca, NY 14224

(b) Mailing address of limited liability company:  
*(Note: MAY BE POST OFFICE BOX)*  
1902 Ridge Rd Suite 148 West Seneca, NY 14224

3. 05/30/2017 Date of filing/registration in Florida

4. M17000004636 Document number

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
115 NORTH CALHOUN ST - STE. 4  
TALLAHASSEE, FL 32301

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

Corporation Service Company

NEW Registered Office Address:  
1201 Hays Street

Tallahassee, FL 32301

2023 AUG 14 PM 2:03

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.

Shawn Kelley  
Signature of a member or authorized representative of a member

Shawn Kelley  
Printed or typed name of signee

*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 605, 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.*

Eylina Bahar  
Signature of Registered Agent

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\_\_\_\_\_  
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