## M18000008003

(Requestor's Name)					
(Address)					
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(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT M	AIL				
(Business Entity Name)					
(Samosa Zhan, Hama)					
(Document Number)					
Certified Copies Certificates of Status _					
Special Instructions to Filing Officer:					

Office Use Only



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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: October 13, 2020

Order#: 453874-005

Re: RAMOS ADMIN, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX \_\_ Check in the amount of \$25 \_.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ami Casper

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

OUCA.XCOA

## 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:	OMIN, LLO	2		
2	(a)	9500 Arboretum Boulevard, Suite 200		(b	PO Box 8	32825
	(4)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	:	(0		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		Austin, TX 78759	<del></del>		Austin, T	< 78708
		08/30/2018			M1800000	8003
3.		Date of filing/registration in Florida	4.	•		Document number
5.	(a)	C T Corporation System				
	(-)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 1200 South Pine Island Road				- e:
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			-	
						<u>.</u>
		Plantation	, FL_330	324	-	<del>-</del> ;
						=
	(b)					<u>-</u>
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regist</u>	tered Offic	e ad	dress:	.20
		Corporation Service Company				
		NEW Registered Office Address:				_
		1201 Hays Street				_
						_
		Tallahassee	, FL	01		_
ch ag wa	ange ent v is/we	imited liability company is not organized under the or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limite are authorized by an affirmative vote of the members of organization or the operating agreement of	f the regised liability ers of the	tere y co lim	d office and mpany, it is ited liability	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
73 Jili Clim				Jill Cilmi, Authorized Person		
	_	ture of a member or authorized representative of a member				Printed or typed name of signee
pri the to	ovisi 2 obl mere	by accept the appointment as registered agent and ons of all statutes relative to the proper and compigations of my position as registered agent as provely reflect a change in the registered office addressed in writing of this change.	l agree to lete perfo vided for s, I hereb	act ormo in C y co	in this cape ince of my e hapter 605 onfirm that	acity. I further agree to comply with the duties, and I am familiar with and accept i, F.S. Or, if this document is being filed the limited liability company has been
710	,	CI, M Lev	Corpor	ratio	on Service	Company
Si	gnatu	re of Registered Agent	Ami M	I. C	asper	