

# **2013 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N10000004632

**FILED**  
**Dec 08, 2013**  
**Secretary of State**

**Entity Name:** OMEGAS 4 CHANGE, INC.

**Current Principal Place of Business:**

1334 N. MARKET STREET  
JACKSONVILLE, FL 32202

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 41151  
JACKSONVILLE, FL 32203

**New Mailing Address:**

PO BOX 2275  
JACKSONVILLE, FL 32203

**FEI Number:** 27-1951655

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STEPHENS, HOWARD  
7175 DEERFOOT POINT CIRCLE  
UNIT 1  
JACKSONVILLE, FL 32256 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:** HOWARD L. STEPHENS

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** MATHIS, EDGAR SR.  
**Address:** PO BOX 2275  
**City-St-Zip:** JACKSONVILLE, FL 32203

**Title:** VPD  
**Name:** HARLEY, LANGSTON  
**Address:** PO BOX 2275  
**City-St-Zip:** JACKSONVILLE, FL 32203

**Title:** S  
**Name:** WOODALL, KEVIN  
**Address:** PO BOX 2275  
**City-St-Zip:** JACKSONVILLE, FL 32203

**Title:** T  
**Name:** STEPHENS, HOWARD  
**Address:** PO BOX 2275  
**City-St-Zip:** JACKSONVILLE, FL 32203

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** HOWARD L. STEPHENS

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12/08/2013

Electronic Signature of Signing Officer or Director

Date