

P02000096100

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600023195196

09/29/03--01032--002 \*\*35.00

FILED  
03 SEP 29 11:03:07  
FALLS CHURCH, VA  
CLERK OF COURT

RA Chang  
T. Lewis 10/2/03

## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: OPERATIONS Management Group, LLC  
(Name of corporation)

DOCUMENT NUMBER: 59-3279172 / 604140900216

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JAMES Shipley  
(Name of person)

\_\_\_\_\_  
(Name of firm/company)

999 Piedmont Oaks Drive  
(Address)

Apopka FL 32703  
(City/state and zip code)

For further information concerning this matter, please call:

JAMES Shipley at (407) 889-8245  
(Name of person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Operations Management Group Inc  
2. The principal office address: 999 Piedmont Oaks Drive  
Apopka FL 32703  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 5/11/03 Corp Document number: P02000096100

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Thomas Shipley  
9009 Lake Charity Drive  
Maitland FL 32751

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

JAMES Shipley  
999 Piedmont Oaks Drive  
(P.O. Box or personal mailbox NOT acceptable)  
Apopka FL 32703

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

(Signature of an officer, chairman or vice chairman of the board)

(Printed or typed name and title)

*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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

(Signature of Registered Agent)

(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:  
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314