

P04000028567

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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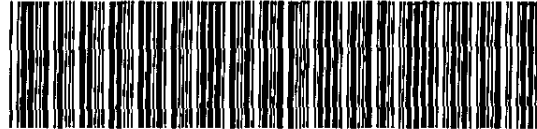
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL 32399

RA. Chavez

C. Goulette JUL 21 2005

SANDRA W. JOHNSON, P.A.

2110 Park Street
Jacksonville, Florida 32204
(904) 388-9800
(904) 388-0123/Fax

July 19, 2005

Amendment Section
Divisions of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Om Motels, Inc.
Doc # P04000028567

Dear Sir or Madam:

Enclosed for filing please find an original Statement of Change of Registered Office or Agent for Corporations for the above referenced Florida corporation. Also enclosed is my firm's check in the amount of \$35.00 for your filing fee.

Please let me know if you have any questions. If not, please send a copy of the filing to me as soon as possible. Thank you for your assistance.

Very truly yours,

A handwritten signature in black ink that reads "Sandra W. Johnson". The signature is fluid and cursive, with a long horizontal flourish extending to the left.

Sandra W. Johnson

SWJ: alb
Enclosures

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Om Motels, Inc.
(Name of corporation)

DOCUMENT NUMBER: P04000028567

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:

Sandra W. Johnson
(Name of contact person)

Sandra W. Johnson, P.A.
(Firm/Company)

2110 Park Street
(Address)

Jacksonville, FL 32204
(City/state and zip code)

For further information concerning this matter, please call:

Sandra W. Johnson at (904) 388-9800
(Name of contact 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 Florida _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Om Motels, Inc.
2. The principal office address: 3262 Hermitage Road, Jacksonville, FL 32277
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 02/12/2004 Document number: P04000028567
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Anil Patel
7880 Turnstone Circle West
Jacksonville, FL 32256


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

Narendra Patel
3262 Hermitage Road
(P.O. Box NOT acceptable)
Jacksonville, FL 32277

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TALLAHASSEE, FLORIDA


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 or director)

Narendra Patel, President
(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)

July 1, 2005
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

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

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