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SECRETARY OF STATE
FALLARIASSES, FLOREN

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: O3 MILK, INC (Name of Corporation)
DOCUMENT NUMBER: PO400129122
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:
JENNIFER. POLA (Name of Contact Person)
JENEMI RESOCIATES INC (Firm/Company)
2295 S. HIAWASSEE ROAD #411
ORI PANDO FL 32835 (City/State and Zip Code)
For further information concerning this matter, please call:
TAVICER. POLA. at (321) 293 -0650 (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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED ASSEST ON BUTH FOR CORPORATIONS

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-	- 1	ration organized under the laws of the State of Thorida. See or regimered agent, we both, in the State of Florida.
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Such change by th	s supported by resolution object, or the corporation	duly adopted by its board of directors or by an officer so has been notified in writing of the charge.
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