

P05000088716

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8/16/05

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: OMNI PLUMBING SERVICES, INC

DOCUMENT NUMBER: P05000088716

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

VERGNIAUD LECONTE  
(Name of Contact Person)

OMNI PLUMBING SERVICES, INC  
(Firm/ Company)

3150 WEST PEMBROKE ROAD SUITE 659 HOLLYWOOD, FL 33009  
(Address)

HOLLYWOOD, FL 33009  
(City/ State/ and Zip Code)

For further information concerning this matter, please call:

VERGNIAUD LECONTE at ( 786 ) 290-2624  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|--|---|---|--|

**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: OMNI PLUMBING SERVICES, INC  
2. The principal office address: 3150 W PEMBROKE ROAD SUITE 659  
HOLLYWOOD, FLORIDA 33009  
3. The mailing address (if different): "SAME"

4. Date of incorporation/qualification: 06-21-2005 Document number: P05000088716

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

SOPIRINYE LONGJOHN  
3150 W PEMBROKE ROAD SUITE 659  
PEMBROKE PARK, FL 33009

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

VERGNIAUD LECONTE  
3150 W PEMBROKE ROAD SUITE 659  
(P.O. Box NOT acceptable)  
PEMBROKE PARK PARK, FL 33009

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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.

X   
(Signature of an officer or director)

VERGNIAUD LECONTE  
(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.*

X   
(Signature of Registered Agent)

7-29-05  
(Date)

If signing on behalf of an entity:

VERGNIAUD LECONTE  
(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