

PD5000147131

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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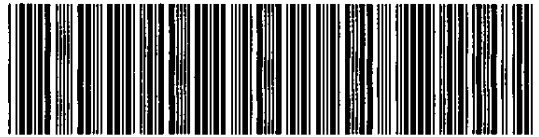
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: OMEGA CARTAGE, INC
Name of Corporation

DOCUMENT NUMBER: P05000147131

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:

ALISON ARMELI
Name of Contact Person

OMEGA CARTAGE, INC
Firm/Company

4341 NW 19TH AVE, BLDG 2
Address

POMPANO BEACH, FL 33064
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALISON ARMELI at (954) 214-7330
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 7, 2009

ALISON ARMELI
OMEGA CARTAGE, INC.
4341 NW 19TH AVE - BLDG 2
POMPANO BEACH, FL 33064

SUBJECT: OMEGA CARTAGE, INC.
Ref. Number: P05000147131

We have received your document for OMEGA CARTAGE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person designated as registered agent in the document and the person signing as registered agent must be the same.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 209A00032439

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TALLAHASSEE, FLORIDA

**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: OMEGA CARTAGE, INC
2. The principal office address: 4341 NW 19TH AVE, BUILDING 2, BAY 5
POMPANO BEACH, FL 33064
3. The mailing address (if different): 4341 NW 19TH AVE, BUILDING 2, BAY 5
POMPANO BEACH, FL 33064
4. Date of incorporation/qualification: 04/27/2007 Document number: P05000147131
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

JUDITH A LANDIS

4341 NW 19TH AVE, BUILDING 2, BAY 5

POMPANO BEACH, FL 33064

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

JOSEPH R. GREENBERG


1660 N POWERLINE ROAD

P.O. Box NOT acceptable

POMPANO BEACH, FL 33069

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

Alison Armeli Director

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

11/3/2009

Date

I, signing on behalf of an entity:

Joseph R Greenberg

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

CR2E045 (8/05)

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