

PD5000148218

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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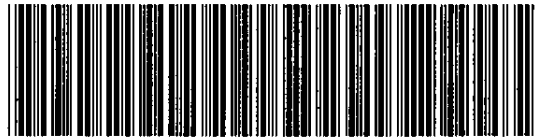
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Roberts DEC 14 2009

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: OMASS TRANSPORTATION, INC.
Name of Corporation

DOCUMENT NUMBER: P05000148218

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:

BLOSSOM GABBIDON - PRESIDENT
Name of Contact Person

OMASS TRANSPORTATION, INC.
Firm/Company

2210 SW 67TH WAY
Address

MIRAMAR, FLORIDA 3302
City/State and Zip Code

massup69@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BLOSSOM GABBIDON - PRESIDENT at (954) 404-3822
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

**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: OMASS TRANSPORTATION, INC.
2. The principal office address: 2210 SW 67TH WAY, MIRAMAR, FLORIDA 33023
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 11/07/2005 Document number: P05000148218

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)

ORVILLE A. MASSUP, 16210 SW 15TH ST., PEMBROKE
PINES, FLORIDA 33027

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

BLOSSOM GABBIDON, 2210 SW 67TH WAY, MIRAMAR
FLORIDA 33023

P.O. Box NOT acceptable

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.

Blossom Gabbidon
Signature of an officer or director

BLOSSOM GABBIDON - 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.

Blossom Gabbidon
Signature of Registered Agent

12/09/2009
Date

If signing on behalf of an entity:

BLOSSOM GABBIDON - PRESIDENT
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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09 DEC 11 PM 3:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA