

PDB000109196
MAY 5 2008 3:01PM BUSH ROSS, P.A. NO. 2129 P. 1
Page 1 of 1

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000121581 3)))



H080001215813ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850) 617-6380

From:
Account Name : BUSH ROSS, P.A.
Account Number : IL9990000150
Phone : (813) 224-9255
Fax Number : (813) 223-9620

REGISTERED AGENT CHANGE

OMNIRELIANT CORPORATION

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

RECEIVED
2008 MAY -5 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
08 MAY -5 PM 2:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu Help

RA chg
5/5 5/5/2008

MAY. 5. 2008 3:01PM

BUSH ROSS P A

NO. 3129 P. 2

((H08000121581 3)))

COVER LETTER

To: Amendment Section
Division of Corporations

SUBJECT: Omnireliant Corporation
(Name of Corporation)

DOCUMENT NUMBER: P06000109196

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:

Celeste Perrino
(Name of Contact Person)

Bush Ross, P.A.
(Firm/Company)

1801 North Highland Avenue
(Address)

Tampa, Florida 33602
(City/State and Zip Code)

For further information concerning this matter, please call:

Celeste Perrino at (813) 204-6425
(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
2661 Executive Center Circle
Tallahassee, FL 32301

CR2B045 (8/05)

((H08000121581 3)))

(((H08000121581 3)))

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 617.1508, 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: Omnireliant Corporation
2. The principal office address: 4218 W. Linebaugh Avenue, Tampa, FL 33624
3. The mailing address (if different): 4218 W. Linebaugh Avenue, Tampa, FL 33624
4. Date of incorporation/qualification: 08/21/2006 Document number: P06000109196
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Brent A. Jones220 S. Franklin StreetTampa, FL 33602

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

Bush Ross Registered Agent Services, LLC1801 North Highland AvenueTampa, Florida 33602

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]
(Signature of an officer or director)

Chris Phillips, 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. Of, 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]
(Signature of Registered Agent)

April 30, 2006
(Date)

If signing on behalf of an entity:

Celeste N. Perms, Vice 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)

(((H08000121581 3)))