

P08000013975

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

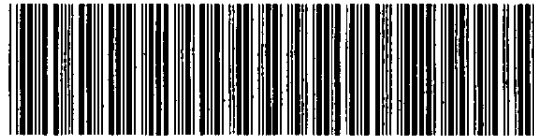
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TALLAHASSEE, FLORIDA

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09/16/08

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Luom, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P08000013975

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:

Barbara Medina  
(Name of Contact Person)

(Firm/Company)

500 NE 191 ST, Suite 102  
(Address)

Miami, FL 33179  
(City/State and Zip Code)

For further information concerning this matter, please call:

Barbara Medina at ( 305 ) 493-0722  
(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

September 10, 2008

BARBARA MEDINA  
500 N.E. 191 STREET  
SUITE 102  
MIAMI, FL 33179

SUBJECT: LUOM. INC.  
Ref. Number: P08000013975

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

The registered agent must sign accepting the designation.

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) 245-6906.

Darlene Connell  
Regulatory Specialist II

Letter Number: 008A00049480

RECEIVED  
2008 SEP 15 AM 8:00  
SECRETARY OF STATE  
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: Luom, Inc.

2. The principal office address: 20816 San Simeon Way, Apt. 105 Miami, FL 33179

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 2/1/2008 Document number: P08000013975

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

Barclay S Quatremain

500 NE 191st ST, # 102

Miami, FL 33179

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

Barbara Medina

500 NE 191st ST, # 102

(P.O. Box NOT acceptable)

Miami, FL 33179

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TALLAHASSEE, FLORIDA

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)

Oscar Medina, Vice 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.

Barclay Medina  
(Signature of Registered Agent)

8/27/08  
(Date)

If signing on behalf of an entity:

(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)