Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206 2023 AUG 25 PHII: 53

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email :	Address:	

REGISTERED AGENT CHANGE OMNIUM GROUP CORPORATION

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

023 F.C. 25 PM 2

Electronic Filing Menu

Corporate Filing Menu

Help

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

To. 18506176380

statement of cha	provisions of sections 607,0502, 617,0502, 607 onge is submitted for a corporation organized v or to change its registered office or registered a	nder the laws of the State of Florida	this			
<u>.</u>	the corporation: Omnium Group Corporation					
2. The principal	office address:	,				
3. The mailing a	ddress (if different):		******			
4. Date of incorp	poration/qualification: 02/12/2010	Document number: P10000013649				
	istreet address of the current registered agent a timent of State: (If resigned, enter resigned)	and registered office on file with the				
	BERNSLEY, CURTIS	(1)	26			
	5000 NOTH OCEAN BLVD	ACC.	7023 AUG 25			
	FORT LAUDERDALE, FL 33308	A	G 25			
6. The name and (if changed):						
	Registered Agents Inc		PH II: 53			
	7901 4th St N STE 300					
	P.O. Box NOT acceptable St. Petersburg FL 33702					
The street addre	ess of its registered office and the street addre be identical.	ss of the business office of its registe	red agent,			
Such change wa authorized by th	is authorized by resolution duly adopted by it he board, or the corporation has been notified	s board of directors or by an officer s in writing of the change.	o			
ر د د سر شد ر		frey Greenman				
l hereby accept I further agree t of my duties, an document is bei	the appointment as registered agent and agr to comply with the provisions of all statutes r d I am familiar with and accept the obligatio ng filed merely to reflect a change in the regis s been notified in writing of this change.	Printed or typed name and title ee to act in this capacity, elative to the proper and complete pe n of my position as registered agent, stered office address, I hereby confir	iformance Or, if this m that the			
Dold Cheris	08/	25/2023				
	nature of Registered Agent	Date				
If signing on bel	half of an entity:					
David Roberts						
ty	yped or Printed Name	1- no 4-4-4				

* * * FILING FEE: \$35.00 * * *