P/10000 15950

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

nendment Section vision of Corporations							
Name of Co	orporation						
NT NUMBER: P11000015950							
ed Statement of Change of Registered Office	e/Agent and fee a	are submitted for filing.					
m all correspondence concerning this matter	to the following	;					
Cristine Rosenhaim							
Name of Contact Person							
Omega Construction Enterprises, Inc.							
Firm/Co	mpany						
144 Ancona Ave.							
Addi	ess						
Debary, FL 32713							
City/State an	d Zip Code						
omegadeisgnarch@gmail.d	com						
E-mail address: (to be used for future annual report notification)							
	.,						
•							
	/ = = +	574 0401					
Name of Contact Person	Area Code	& Daytime Telephone Number					
a \$35.00 check made payable to the Depart	ment 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					
	Omega Construction Enterprise Name of Co P11000015950 NT NUMBER: ed Statement of Change of Registered Office mall correspondence concerning this matter Cristine Rosenhaim Name of Cor Omega Construction Enterprise Firm/Co 144 Ancona Ave. Addi Debary, FL 32713 City/State and omegadeisgnarch@gmail.ed E-mail address: (to be used for file information concerning this matter, please of Rosenhaim Name of Contact Person a \$35.00 check made payable to the Depart Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Omega Construction Enterprises, Inc. Name of Corporation P11000015950 NT NUMBER: P11000015950 And Statement of Change of Registered Office/Agent and fee at all correspondence concerning this matter to the following Cristine Rosenhaim Name of Contact Person Omega Construction Enterprises, Inc. Firm/Company 144 Ancona Ave. Address Debary, FL 32713 City/State and Zip Code omegadeisgnarch@gmail.com E-mail address: (to be used for future annual reprint of State. Rosenhaim Name of Contact Person 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 City/State and Zip Code Amendment Section Area Code Street Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Tallahassee. FL 32314					

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

statement of cha.	nge is submitted	d for a corporation	7.0502, 607.1508, or organized under the t registered agent, or b	laws of the Ste	ate of Florida	<u> </u>	
1. The name of t	he corporation:	OMEGA CONST	RUCTION ENTER	PRISES, IN	C		
2. The principal	office address:	144 Ancona /	Ave. Debary, F	L 32713		· · · · · · · · · · · · · · · · · · ·	
3. The mailing a	ddress (if differ	rent):					
4. Date of incorp	ooration/qualific	cation: 02/14/20	Documer	nt number: P	11000015	950	
5. The name and	street address		ered agent and registe				
	Luis E. Av	ila					
	106 Elissa	r Dr. Debary,	FL 32713				
						19 FE	
6. The name and (if changed):	l street address	of the new registere	d agent (if changed)	and /or registe	ered office	FEB -8 PM	FILE
	Cristine R	osenhaim				· ૩૬	
	144 Ancor	na Ave. Debar	ry, FL 32713			් ජ	
		P.O. Bo	oc NOT acceptance				
The street address changed will	ess of its registe be identical.	ered office and the	street address of the	business offic	ce of its regis	tered ager	nt,
Such change wa authorized by th	is authorized by ne board, or the	y resolution duly ac corporation has be	lopted by its board o en notified in writin	f directors or g of the chan	by an officer ge.	· so	
Signatu	are of an officer or di	rector	Luis E Av	/ila inted or typed nan	PD ne and title		
I hereby accept I further agree	the appointme to comply with my duties, and	nt as registered ago the provisions of a Lam familiar with	ent and agree to act ll statutes relative to and accept the oblig to reflect a change in ified in writing of thi	tne proper a vation of my p	na compiete position as res	gistered ess, I	
(Listi va	Rosen ha	u7	02/01/20				_
_	nature of Registered	1		Date			
If signing on be	$\overline{}$	y:					
<u>Cris</u>	Tine Kose) Syped or Printed Nam	nhaim					

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