

P120000099393

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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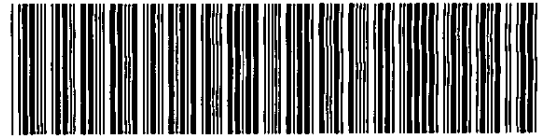
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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@ 7.1.13

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: OMNI CONSUMERS CORPORATION, INC.
Name of Corporation

DOCUMENT NUMBER: P12000099393

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:

Tarib Elieko

Name of Contact Person

OMNI CONSUMERS CORPORATION, INC.

Firm/Company

2334 WESTON RD. #222

Address

WESTON FL 33326

City/State and Zip Code

myFLCORP@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elieko

Name of Contact Person

at (954) 675-8400

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 <http://form.scribiz.org/pdf/cr2e045.pdf>

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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: OMNI CONSUMER CORPORATION, INC.

2. The principal office address: 2334 WESTON RD. #222
WESTON FL 33326

3. The mailing address (if different): SAME

4. Date of incorporation/qualification: 11/1/13 Document number: P12000099393

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)

Eldico Targh
10221 BLUE PALM ST
PLANTATION FL 33324

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

Eldico Targh
2334 WESTON RD. #222
WESTON FL 33326
P.O. Box NOT acceptable

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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

Eldico Targh, VP
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.

[Signature]
Signature of Registered Agent

6/20/13
Date

If signing on behalf of an entity:

Eldico Targh
Typed or Printed Name

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