## P12000102851

| (Re                     | equestor's Name)   |             |
|-------------------------|--------------------|-------------|
| (Ad                     | dress)             |             |
| (Ad                     | dress)             |             |
| (Cit                    | ty/State/Zip/Phon  | e #)        |
| PICK-UP                 | ☐ WAIT             | MAIL        |
| (Bu                     | isiness Entity Nar | me)         |
| (Do                     | ocument Number)    | )           |
| Certified Copies        | _ Certificate:     | s of Status |
| Special Instructions to | Filing Officer:    |             |
|                         |                    |             |
|                         |                    |             |
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11/12/13--01015--016 \*\*35.00

SECRETARY OF STATE



## **COVER LETTER**

| TO: Amendment Section Division of Corporations   |  |  |  |
|--|--|--|--|
| SUBJECT: OH MARZICTING SERVICES INC.  Name of Corporation  |  |  |  |
| DOCUMENT NUMBER: P12000102851  |  |  |  |
| 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:  |  |  |  |
| Divin Holmes  Name of Contact Person   |  |  |  |
| OH MARKeting Services Firm/Company   |  |  |  |
| 4005 NAIA Highway  |  |  |  |
| FORT PIECLE FL 34949  City/State and Zip Code  |  |  |  |
| Olivia uHolmes @ Gonail com  |  |  |  |
| E-mail address: (to be used for future annual report notification)   |  |  |  |
| For further information concerning this matter, please call:  OLUA HOMO  Name of Contact Person  at ( 40) 351 8589  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  Street Address: Amendment Section Division of Corporations                                  |  |  |  |

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

## 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 in order to change its registered office or registered agent, or both, in the State of Florida.   |                   |
|--|-------------------|
| 1. The name of the corporation: OH MANCHING SERVICES   |                   |
| 2. The principal office address: 405 N A1A Highway   |                   |
| theteinson Island FL 3360 34949  |                   |
| 3. The mailing address (if different):   |                   |
| 4. Date of incorporation/qualification: 10.38.13 Document number: P120001038   | 51                |
| 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)   |                   |
| Olivia Homes   |                   |
| 4005 AU 17386 VIA CAPI, EAST   |                   |
| BOCA RATON FL 33496  | <u></u>           |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  | SECRET            |
| Olivia Holmes  |                   |
| 4005 N AJA Highway   | (4)<br>(4)<br>(4) |
| HUTCHINSON ISLAND FL 349.49  | MINITE            |
| 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  Signature of an officer or director  Signature of an officer or 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 the 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. |                   |
| ML 10-28.13  |                   |
| Signature of Registered Agent Date   |                   |
| If signing on behalf of an entity:   |                   |
| Typed or Printed Name  |                   |

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