

P120000102851

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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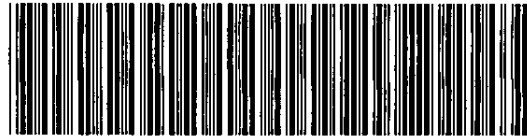
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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: OH MARKETING 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:

Olivia Holmes  
Name of Contact Person

OH MARKETING SERVICES  
Firm/Company

4005 N 41A Highway  
Address

Fort Pierce FL 34949  
City/State and Zip Code

Olivia.Holmes@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Olivia Holmes at (561) 251 8582  
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

