

P13000086382

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

JQ 10/20/20

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Ohm Springs Inc

Name of Corporation

**DOCUMENT NUMBER:** P13000086382

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:

Josiah Ronco

Name of Contact Person

Ohm Springs Inc

Firm/Company

4700 Millenia BLVD 175 Suite 95085

Address

Orlando Florida 32839

City/State and Zip Code

joshiah.ronco@gmail.com

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

For further information concerning this matter, please call:

Josiah Ronco

at ( 727 ) 389 4079

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

1. The name of the corporation: Ohm Springs Inc  
2. The principal office address: 4700 Millenia BLVD 175 Suite 95085 Orlando Florida 32839

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 10/21/2013 Document number: P13000086382

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)

Josiah Ronco 811 1/2 East Curtis Street Tampa Florida 33603

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

4700 Millenia BLVD 175 Suite 95085 Orlando Florida 32839

P.O. Box NOT acceptable

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

President  
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

September 9 2020  
Date

If signing on behalf of an entity:

Ohm Springs Inc  
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (04/13)

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