P14000064645

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/Pitotie #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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TALLAMASSEE, FLORIDA

COVER LETTER

	Name of Corporation
DOCUMEN	NT NUMBER: P14000064645
The enclosed	d Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return	all correspondence concerning this matter to the following:
	OSMAN MYUMYUN
	Name of Contact Person
	OMSAN INC.
	Firm/Company
	6973 123rd AVE
	Address
	LARGO, FLORIDA 33773
	City/State and Zip Code
	mosman8803@gmail.com
	E-mail address: (to be used for future annual report notification)

Enclosed is a \$35.00 check made payable to the Department of State.

OSMAN MYUMYUN

Name of Contact Person

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

Area Code & Daytime Telephone Number

TO:

Amendment Section Division of Corporations

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

1 The name of	the corporation: OMSAN IN	C .
2. The principal	office address: 6973 123RI	O AVE, LARGO FL 33773
3. The mailing a	address (if different): SAME	
4. Date of incor	poration/qualification: 08/01/	2014
5. The name and		gistered agent and registered office on file with the
	OSMAN MYUMYUN	
	6306 S. MACDILL AVI	Ē, APT. 208
	TAMPA, FLORIDA 336	
6. The name and (if changed):	-	ered agent (if changed) and /or registered office a significant control of the significant control of
	OSMAN MYUMYUN	
	6973 123RD AVE	D. Box NOT acceptable
	LARGO, FL 33773	D. Box NOT acceptable
The street addr as changed will	ess of its registered office and the identical.	ne street address of the business office of its registered agent,
Such change wauthorized by t	as authorized by resolution duly he board, or the corporation has	adopted by its board of directors or by an officer so been notified in writing of the change.
× T	AD	OSMAN MYUMYUN PRESIDENT
I horohy acconi	the appointment as registered to comply with the provisions of my duties, and I am familiar w is document is being filed mere that the corporation has been t	Printed or typed name and title agent and agree to act in this capacity. If all statutes relative to the proper and complete ith and accept the obligation of my position as registered by to reflect a change in the registered office address, I solitified in writing of this change.
-1	125	12/09/2016
\mathcal{L}	nature of Registered Agent	Date
Sig		
	chalf of an entity:	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314