P20000046021

(Requestor's Name)					
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(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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200371320482





COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJ Name	ECT: GOM CREATIONS INC of Corporation	
	UMENT NUMBER: P20000046027	
The cr	nclosed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this	matter to the following:
OMA	R BANOS	
	of Contact Person I CREATIONS INC	
	Company W 34TH AVE	
Addre HIAL	ess JEAH, FL 33018	
City/S	State and Zip Code sales@gomereations.com	
E-mai	il address: (to be used for future annual	report notification)
For fu	rther information concerning this matter, p	please call:
ОМА	R BANOS	786 223-3597
	Name of Contact Person	Area Code & Daytime Telephone Number
Enclos	sed is a \$35.00 check made payable to the	Department of State.
	Mailing Address: Amendment Section	Street Address:
	Amendment Section Division of Corporations	Amendment Section Division of Corporations
	P.O. Box 6327	The Centre of Tallahassee
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of char	nge is submitted for a corpo	502, 617,0502, 607.1508, or 617.1508, oration organized under the laws of the fice or registered agent, or both, in the	State of Florida
1. The name of the	GOM CRE 7302 W 34T	ATIONS INC H AVE HIALEAH, FL 33018	
3. The mailing ac		8/2020 Document number:	
4. Date of incorp	oration/qualification:	8/2020 Document number:	1-2(000000027
	street address of the curren ment of State: (If resigned,	t registered agent and registered office enter resigned)	on file with the
·		7945 NW 8 ST # 6 MIAMI, FL 33126	2021 AUG
6. The name and (if changed):		egistered agent (if changed) and /or reg 7302 W 34TH AVE HIALEAH, FL 330	istered office PH 12:
		P.O. Box NOT acceptable	
The street address as changed will	ss of its registered office a be identical.	nd the street address of the business of	office of its registered agent,
Such change was authorized by the	s authorized by resolution c board, of the corporation	duly adopted by its board of directors has been notified in writing of the ch	or by an officer so lange.
		OMAR BANOS, PRES	IDENT
_	of argornicer or director	<u>.</u>	I name and title
I further agree to of my duties, and document is beir	o comply with the provisio I I am familiar with and ac	red agent and agree to act in this cap ns of all statutes relative to the prope scept the obligation of my position as change in the registered office addre. This change.	r and complete performance registered agent. Or, if this
	A.	07/29/2021	
Sign If signing on bel	ature of Registered Agent	l)a	te
	ped or Printed Name		

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