

P200000 47482

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

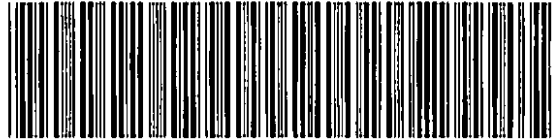
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Alpha & Omega's Multi Services INC.
Name of Corporation

DOCUMENT NUMBER: P20000047482

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:

Ciceron Thomas Tien
Name of Contact Person

Alpha & Omega's Multi Services INC.
Firm/Company

1333 N.E. 4th AVE
Address

Ft Lauderdale FL 33304
City/State and Zip Code

alphaandomega1985@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ciceron Thomas Tien at (954) 479-6511
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: Alpha & Omega's Multi Services INC
2. The principal office address: 1333 N. E 4th AVENUE
Fort Lauderdale FL 33304
3. The mailing address (if different): Same as the above
4. Date of incorporation/qualification: 6/24/2020 Document number: P20000047482
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)

SANICHAH, RANDY
4781 N. CONGRESS AVENUE
BOYTON BEACH FL 33426

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

ELIZABETH NORVLINA TIENNA
1349 SEAVIEW DRIVE
NORTH LAUDERDALE FL 33068

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.

Quinton Thomas Tienna
Signature of an officer or director

Quinton Thomas Tienna P
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.

Elizabeth N. Tienna
Signature of Registered Agent

July 8, 2020
Date

If signing on behalf of an entity:

Elizabeth N. Tienna
Typed or Printed Name

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