

P21000043900

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

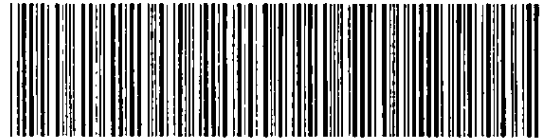
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 JUN -7 AM 10:45
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2022 JUN -7 AM 9:06
ALB

6/8/2022

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 06/07/2022

Acc#I20160000072

en: c DW

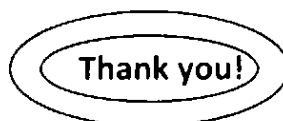
Name:	Omnicrobe Natural Solutions, Inc.
Document #:	
Order #:	14369140

Certified Copy of Arts & Amend:	☐			
Plain Copy:	☐			
Certificate of Good Standing:	☐			
Certified Copy of	☐			
Apostille/Notarial Certification:	☐		Country of Destination:	
			Number of Certs:	

Filing: ☒	Certified: ☐
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	COGS: ☐

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 35.00



COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Omnicrobc Natural Solutions, Inc.
Name of Corporation

DOCUMENT NUMBER: _____

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:

Tom Freeman

Name of Contact Person

Omnicrobc Natural Solutions, Inc.

Firm/Company

2550 North FM 1229

Address

Colorado City, TX 79512

City/State and Zip Code

Tom@omnicrobc.com

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

For further information concerning this matter, please call:

Tom Freeman

Name of Contact Person

at (770) 617-7060

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: Omnicrobe Natural Solutions, Inc.
2. The principal office address: 2550 North FM 1229
Colorado City, TX 79512
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 05/07/2021 Document number: P21000043900
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)

DAVENPORT, LANIER M, SR. -Resigned

4101 SAN BELUGA WAY

ROCKLEDGE, FL 32955-6900

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

C T Corporation System

1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

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.

Thomas G. Freeman
Signature of an officer or director

Tom Freeman, COO Thomas G. Freeman
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.

C T Corporation System

By:

Nichol McCray
Signature of Registered Agent

6/6/2022

Date

If signing on behalf of an entity:

Nichol McCray, Asst. Secretary

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

CR2F045 (04/13)