

P94000018754

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

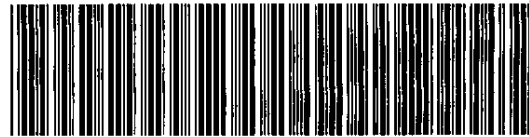
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Roberts NOV 09 2010

THE LAW OFFICES OF GEOFFREY D. ITTLEMAN

A PROFESSIONAL ASSOCIATION

440 North Andrews Avenue

Ft. Lauderdale, FL 33301

Tel: (954) 462-8340

Fax: (954) 462-8342

geoffrey@ittlemanlaw.com

November 3, 2010

VIA US MAIL

Florida Department of State Division of Corporations

PO Box 6327

Tallahassee, Florida 32314

- Re:** (i) *Statement of Change of Registered Agent for Alpha – Omega Contractors, Inc., a Florida corporation*
- (ii) *Statement of Change of Registered Agent for Alpha & Omega Contractors, Inc., a Florida corporation*

Dear Sir or Madam:

Enclosed find a statement of change of registered agent for the following corporations: (i) Alpha – Omega Contractors, Inc., a Florida corporation and (ii) Alpha & Omega Contractors, Inc., a Florida corporation. Please also see the check made payable to the Florida Department of State in the amount of \$70.00 for the costs associated with the Statement of Change. Kindly contact our office should yours have any questions or concerns.

Sincerely,



Geoffrey Ittleman
For the Firm

Enclosures

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Alpha-Omega Contractors, Inc., a Florida corporation
Name of Corporation

DOCUMENT NUMBER: P94000018754

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:

Geoffrey Ittleman, Esquire
Name of Contact Person

Geoffrey Ittleman, P.A.
Firm/Company

440 North Andrews Avenue
Address

Fort Lauderdale, FL 33301
City/State and Zip Code

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

For further information concerning this matter, please call:

Geoffrey Ittleman at (954) 462 8340
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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**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 Contractors, Inc.
2. The principal office address: 351 North Congress Avenue, Suite 213, Boynton Beach, Florida 33426
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 3/7/1994 Document number: P94000018754
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)

Richard J. Cloutier

351 North Congress Avenue, Suite 213

Boynton Beach, Florida 33426

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

Geoffrey Littleman, P.A.

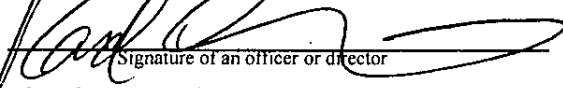
440 North Andrews Avenue

P.O. Box NOT acceptable

Fort Lauderdale, Florida 33301

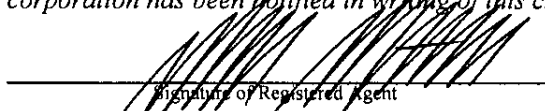
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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 of an officer or director

RICHARD President CLOUTIER
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 of Registered Agent

November 3, 2010

Date

If signing on behalf of an entity:

Geoffrey Littleman

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 (8/05)

FILED
NOV - 8 PM 12:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA