## P96000073362

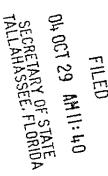
		occupation of
(Re	equestor's Name)	
(Ad	ddress)	
(Ac	ddress)	
	,	1
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL MAIL
(Bı	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Coples	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use Only	



900041791089



10/23/04--01824--025 \*\*35.00



RA address Chq.

1/09

## **COVER LETTER**

Division of Corporations	
SUBJECT: Omega Insurance Service	es, Inc.
1	(Name of corporation)
DOCUMENT NUMBER: P9600007	3362
The enclosed Statement of Change of	Registered Office/Agent and fee are submitted for filing.
Please return all correspondence conce	erning this matter to the following:
•	
Richard Taffet	
	(Name of contact person)
Omega Insurance Serv	
	(Firm/Company)
100 First Avenue So	(Address)
	(1144.66)
St. Petersburg, Fl	33701
	(City/state and zip code)
For further information concerning this	is matter, please call:
Richard Taffet	898-0080
(Name of contact perso	at (727 ) 898-0080 (Area code & daytime telephone number)
Enclosed is a \$35.00 check made paya	able to the Department of State.
Mailing Adda Amendment S Division of Co P.O. Box 6327 Tallahassee, F	Section Amendment Section orporations Division of Corporations 7 409 E. Gaines Street

TO:

Amendment Section

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

Pursuant to the p	provisions of sections 6	7.0502, 617.0502, 607.15 	08, or 617.1508, Flo	<i>rida Statutes, th</i> ta of Florida	is	
		rporation organized unde l office or registered agen				
	_	nsurance Services, Inc.	,		1.0 0	
2. The maintained.	office addresse 100 Firs	Avenue South, Suite 53	0, St. Petersburg, F	L 33701	20 B	7
z. The principal	office address:				12/2 3	5 3
3. The mailing a	ddress (if different):				4.0°	<b>B</b>
4. Date of incorp	ooration/qualification: 0	3/30/1996 Do	cument number: P9	6000073362	- Off	
	street address of the cu tment of State:	rent registered agent and	registered office on f	ile with the	y	•
	Richard Taffet					
•	1282 Gasparilla Drive					
· · · · · · · · · · · · · · · · · · ·	St. Petersburg, FL 33	02				, ,
6. The name and (if changed):	street address of the ne	v registered agent (if char	nged) and /or register	ed office		
	Richard Taffet					
	100 First Avenue Sou	n, Suite 530				
-	(P.C	Box NOT acceptable)				
	St. Petersburg, FL 33	01		· · · · · ·		
The street addre	ess of its registered offi be identical.	e and the street address	of the business offic	e of its register	ed agent,	
Such change wa authorized by th	as authorized by resolu the board, or the corpora	ion duly adopted by its b tion has been notified in	oard of directors or writing of the chang	by an officer so ge.	)	
<u>Cat</u>	ite of an officer or director)	Richa	rd J. Taffet / Preside		<u> </u>	
I harahy accept	the appointment as re-	istered agent and agree isions of all statutes rela d accept the obligation of et a change in the registe g of this change.	to act in this canaci:	to:	formance Or, if this n that the	
(Sig	gnature of Registered Agent)	<u></u>	/0/2 (Date)	1/04		
If signing on be						
(1	yped or Printed Name)	<del></del> .			an 4	

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