

587971

(Requestor's Name)

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 11 PM 14

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JUN 12 2013

T. F. STACY

*afno*

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Omega Centre, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** S87971

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:

Anjanet Kiesel  
Name of Contact Person

Omega Centre, Inc.  
Firm/Company

12811 Kenwood Lane, Suite 216  
Address

Ft. Myers, FL. 33907  
City/State and Zip Code

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

For further information concerning this matter, please call:

Anjanet Kiesel at ( 239 ) 634-8280  
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: Omega Centre, Inc.  
2. The principal office address: 12811 Kenwood Lane Suite 216  
Ft. Myers, FL. 33907  
3. The mailing address (if different): 2106 Coral Point Dr. Cape Coral,  
FL. 33990  
4. Date of incorporation/qualification: 10/8/91 Document number: S87971  
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)

Annette E. Bohs - Resigned  
5357 Congo Ct.  
Cape Coral, FL 33904

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

Anjanet Kiesel  
2106 Coral Point Dr.  
P.O. Box NOT acceptable  
Cape Coral, FL. 33990

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TALLAHASSEE, FL 32314  
SECRETARY OF STATE

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.

Anjanet Kiesel  
Signature of an officer or director

Anjanet Kiesel - President  
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.*

Anjanet Kiesel  
Signature of Registered Agent

June 8, 2018  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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