591041

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ECRETARY OF STATE

Rlocha Mm 110104

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: OMNI MANAGEMENT CONFORATION (Name of corporation)
DOCUMENT NUMBER: $S - 91641$
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:
GUY J. VANDANDAIGUE (Name of person)
OMNI MANAGEHENT CORPORATION
COR. BRUNTON
4710 N.W. BOCA RATON, SUITE 101
BOCA RATON FL 33431 (City/state and zip code)
For further information concerning this matter, please call:
514-497-9011
GUY Ja VANDANDAIGUE at 425, 963-5479 (Name of person) (Area code & daytime telephone number)
(Name of 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 409 E. Gaines Street Tallahassee, FL 32399

CR2E045(09/03)

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

change is submit	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, tted for a corporation organized under the laws of the State of <u>FLORIPA</u> ststered office or registered agent, or both, in the State of Florida.	, this statement ofin order	
	the corporation: OMN/ MAWN EXPLOY ORPON	A TION	
2. The principal	office address: COR BRUNTON, SUITE 101 4710 N.W. BOCARATON BLVD, BOC	CARATON FL3	33
3. The mailing a	ddress (if different): ADD: TO THE ATTENTION OF		्या वाक्
4 FD-4 - C*	GUY VANDANDAIGUE poration/qualification: NOV-4-91 Document number: S-916	<u>-</u>	,• ·
5. The name and	street address of the current registered agent and registered office on file with the truent of State: GUY J. VANDANDAIGUE LABOSSIERE		
	1222 NE 4 AVE	<u></u>	
(if changed):	Street address of the new registered agent (if changed) and /or registered office GUY J. VANDANDAI SUE CO R. BRUNTON SUITE (OI 47/0 NW BOCARATON BLVD (P.O. Box or personal mailbox NOT acceptable) BOCARATON FL 33431	COS DEC 24 AM 8: 46 SEURETARY OF STATE SALUAHASSEE, FLORIDA	3
Such change was the board, or the life to	gnature of an officer or director) the appointment as registered agent and agree to act in this capacity. Occumply with the provisions of all statutes relative to the proper and complete per familiar with and accept the obligation of my position as registered agent. Or, if yo to reflect a change in the registered office address, I hereby confirm that the converting of this change. Signature of Registered Agent) (Date)	so authorized by DAN DAI GUE orformance of my finis document is orporation has ANDAIGUE	5
	(Typed or Printed Name) (Capacity)		<i>?</i>