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(Reque	estor's Name)	· · · · · · · · · · · · · · · · · · ·
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EXAMINER

COVER LETTER

Division of Corporations
SUBJECT: The Amerikas Group, Lhc Fi
(Name of Limited Liability Company)
Dear Sir or Madam:
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
MARK Runbach
(Name of Person)
The Amerities group Lhc (Firm/Company)
(Lana company)
6380 Philips Highway
City/State and Zip Code)
For further information concerning this matter, please call:
Name of Person) at (90N) 379-7210 (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building Division of Corporations P.O. Box 6327 Clifton Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:
\$25 Filing Fee \$\infty\$ \$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company:	Amentico group, the
2. (a) Principal office address of limited liability compa- (Note: MUST BE STREET ADDRESS)	ny: 10380 Philips Dighumis Sackbonyllie, 44
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	Same 3
10/13/2003	6030000 2211 0 FG 3
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	
Registered Agent:	MARK Ambach 12
Registered Office Address:	1400 March handing Pkwy Ste 104
	Sackbanyine Bon 174
(b) Enter name of NEW Registered Agent and/or N	ろ2250 EW Registered Office address:
NEW Registered Agent:	MARK Hombach
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	6380 Philips Highway
	Jackbonville FL 32216
If the limited liability company is not organized under the that after the change or changes are made, the Florida stroffice of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles limited liability company. (Signature of a member or authorized representative of a member)	eet address of the registered office and the business case of a Florida limited liability company, it is by an affirmative vote of the members of the limited
MAKIC AMBACH	
(Printed or typed name of signee)	_
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pam familiar with and accept the obligations of my positions. Or, if this document is being filed to merely reflect confirm that in the light of the confirm that in the light of the light o	l agree to act in this capacity. I further agree to proper and complete performance of my duties, and I was registered agent as provided for in Chapter 608, a change in the registered office address, I hereby ed in writing of this change.
(Signature of Registered Agent)	•

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00