## 3000047/82

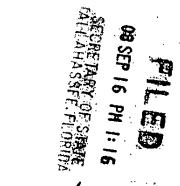
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## **COVER LETTER**

TO: Amendment Section Division of Corporations				
2				
SUBJECT: AMERICAN SAFETY MOVERS, INC.				
(Name of Corpo	oration)			
DOCUMENT NUMBER: P03000047182	·			
The enclosed Statement of Change of Registered Office/Ag	gent and fee are submitted for filing.			
Please return all correspondence concerning this matter to	the following:			
PATRICK B. COLEMAN				
(Name of Contac	t Person)			
AMERICAN CASETY MOVEROUS				
AMERICAN SAFETY MOVERS, INC. (Firm/Company)				
(i iiii) Comp.	, <i>)</i>			
106 STOCKTON STREET				
(Address				
JACKSONVILLE, FLORIDA 32204 (City/State and Zip Code)				
` •	ip Code)			
For further information concerning this matter, please call:				
PATRICK B. COLEMAN	t ( 904 ) 353-4848			
(Name of Contact Person)	t (904) 353-4848 (Area Code & Daytime Telephone Number)			
Enclosed is a \$35.00 check made payable to the Departmen	nt of State.			
Mailing Address: Amendment Section	Street Address:			
	Amendment Section			
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building			
Tallahassee, FL 32314	2661 Executive Center Circle			
	Tallahassee FL 32301			

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

statement of chang	ovisions of sections 607.0502, 617.0502, ge is submitted for a corporation organize to change its registered office or registere	ed under the laws of the State of <u>FLC</u>	ORIDA	
1. The name of the	e corporation: AMERICAN SAFETY MOV	/ERS, INC.		
	ffice address: 106 STOCKTON STREET			
	JACKSONVILLE, FLOR	IDA 32204		
3. The mailing add	dress (if different):			
4. Date of incorpor	ration/qualification: APRIL, 2003	Document number: P030000471	182	
5. The name and st Florida Departm	treet address of the current registered agen nent of State:	nt and registered office on file with th	ne	
<u> </u>	DOUGLAS M. COLEMAN			
2	2011 LISENBY AVENUE			
<u>F</u>	PANAMA CITY, FLORIDA 32405		<b></b>	
6. The name and st (if changed):	treet address of the new registered agent (	(if changed) and /or registered office	S SCF	
<u>F</u>	PATRICK B. COLEMAN		ASS 5	شنین سنین
1	106 STOCKTON STREET		2 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
<del>-</del>	(P.O. Box NOT acceptable)		F1 05	<b>10</b>
J	JACKSONVILLE, FLORIDA 3220	04	<b>3</b> 5	•
The street address as changed will be	s of its registered office and the street ad e identical.	ddress of the business office of its re	gistered agent,	
Such change was authorized by the	authorized by resolution duly adopted board, or the corporation has been notif	by its board of directors or by an officed in writing of the change.	icer so	
Melana (Signature	or an officer or director)	MELANIE S. COLEMAN, PRESII (Printed or typed name and title)		
I hereby accept th I further agree to of my duties, and document is being corporation has b	he appointment as registered agent and comply with the provisions of all statute I am familiar with and accept the oblige g filed merely to reflect a change in the been notified in writing of this change.	agree to act in this capacity, es relative to the proper and comple ation of my position as registered ag registered office address, I hereby c	ete performance gent. Or, if this onfirm that the	
Hattel (Signa	ature of Registered Agent)	SEPTEMBER 13, 2008 (Date)		
If signing on beha	alf of an entity:			
PATRICK B. CO	OLEMAN			
(Тур	ped or Printed Name)			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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