## Po900059867

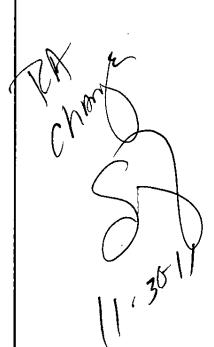
(Re	questor's Name)					
(Ad	dress)					
(Ad	dress)					
(City/State/Zip/Phone #)						
PICK-UP	WAIT	MAIL				
(Bu	siness Entity Nar	ne)				
(Document Number)						
Certified Copies	_ Certificates	s of Status				
Special instructions to Filing Officer:						

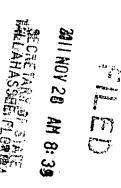
Office Use Only



500214563195

11/28/11--01057--011 \*\*35.00





## **COVER LETTER**

TO: Amendment Section Division of Corpora	tions		
SUBJECT: Ame	erican Excellence To Name of Co	rading Corporation	-dy-gerry a spigation in the
	Name of Co	orporation	
DOCUMENT NUMBER:_	P090	000059867	
The enclosed Statement of C	hange of Registered Office	e/Agent and fee are submitte	d for filing.
Please return all corresponde	ence concerning this matter	to the following:	
	Michael F	R. DeMas	
<del></del>	Name of Cor	ntact Person	<del></del>
	Phase V of South	west Florida, Inc.	
<del></del>	Firm/Co	ompany	:
	12290 Tre	elíne Ave	
· · · · · · · · · · · · · · · · · · ·	Add	ress	
		m. 000.40	
	Fort Myers, City/State ar	FL 33913 nd Zip Code	
		h	
E-mail	mdemas@pladdress: (to be used for f	nasev.som uture annual report notific	eation)
	·	·	•
For further information cond	cerning this matter, please of	call:	
Michael 1	R. DeMas	at ( 239 ) Area Code & Daytim	225-1000
Name of Co	ntact Person	Area Code & Daytim	e Telephone Number
Enclosed is a \$35.00 check	made payable to the Depart	tment of State.	
<u>Ma</u>	iling Address:	Street Address:	
	iling Address: nendment Section	Amendment Sec	
	vision of Corporations	Division of Con	
	). Box 6327 Jahassee El 32314	Clifton Building	•

Tallahassee, Fl. 32301

TO:

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

4-0 70

statement of cha	provisions of sections 60 unge is submitted for a co er to change its registered	poration organized	d under the laws of	the State of F	orida	<del></del>	
	the corporation: Ameri			-			
2. The principal	office address: 12290	Treeline Ave, Fo	ort Myers, FL 33	3913			
3. The mailing a	address (if different):						
4. Date of incor	poration/qualification:	7/14/2009	Document numb	er: PC	900005	<del>38</del> 67	
	d street address of the cur rtment of State: (If resign		it and registered offi	ice on file with	the		
	US AG 24 INC						
	3001 N. ROCKY P	OINT DRIVE E	AST 2ND FLOC	DR			
	TAMPA FL 33607	ບຣ			<b>11</b> 50		
6. The name an (if changed);	d street address of the nev	v registered agent (	if changed) and /or	registered offic	LAHAS ORE IN	211 NOV 28	***
	Phase V of Southw	vest Florida Inc		···			
	12290 Treeline Av			·	13 m	#	Į
P.O. Box NOT acceptable					အ မ	*****	
The street addr	Fort Myers, FL 339 ress of its registered official be identical.		dress of the busine	ss office of its	registere	i agent.	
Such change wanthorized by	as authorized by resolut the board, or the corpora	ion duly adopted b	y its board of directied in writing of th	tors or by an echange.	officer so		
Ma	. 2 110		KIUNKE, KLA		13ECT	<u> 7c</u>	
I hereby accep I further agree	of the appointment as reg to comply with the prov nd I am familiar with an eing filed merely to refle as been notified in writin	istered agent and disions of all statuted accept the obligation in the lange of this change.	agree to act in this es relative to the pr ation of my position registered office ac	capacity. oper and com n us registered ldress, I hereb	plete perf lagent. C y confirm	ormunce br, if this that the	
Mislay	Ignature of Registered Agent	(25)	Actolis	12 20 Dak	//	<b>****</b>	
	ehalf of an entity:						
MICH	AEI F D	EMAS					

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