

P10000054669

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

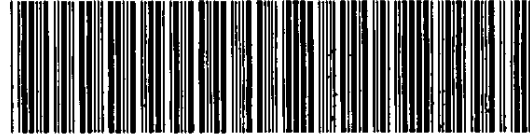
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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JUN 30 2016

C. CARROTHERS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: A.M. CUSTOM DESIGN FURNITURE CORP
Name of Corporation

DOCUMENT NUMBER: P10000054669

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:

SEBASTIAN MARQUEZ

Name of Contact Person

A.M. CUSTOM DESIGN FURNITURE CORP

Firm/Company

3890 NW 132ND STREET UNIT A

Address

OPA-LOCKA, FL 33054

City/State and Zip Code

AMCUSTOMDESIGN@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LAURA MARIN

Name of Contact Person

at (**754**) **610-0202**

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: A.M. CUSTOM DESIGN FURNITURE CORP
2. The principal office address: 3890 NW 132ND STREET UNIT A
OPA-LOCKA, FL 33054
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 06/30/2010 Document number: P10000054669

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)

MARQUEZ, SEBASTIAN D.
1579 NE 175TH STREET
NORTH MIAMI BEACH, FL 33162

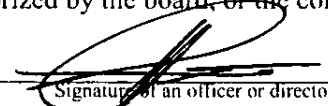
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

MARQUEZ, SEBASTIAN D.
285 DUVAL CT.
P.O. Box NOT acceptable
WESTON, FL 33326

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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.

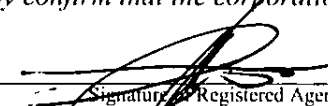


Signature of an officer or director

SEBASTIAN D. MARQUEZ

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.



Signature of Registered Agent

06/21/2016

Date

If signing on behalf of an entity:

Typed or Printed Name

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