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COVER LETTER

TO: Amendment Section

Division of Corporations

SUBJECT: A & E Indepempedent Corp

Name of Corporation

DOCUMENT NUMBER: G13000028874

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:

Erin Mcgaugh

Name of Contact Person

A & EIndependent Corp

Firm/Company

10709 NW 19 th Place

Address

Coral Springs, Fla 33071

City/State and Zip Code

aerestorationsevices@gmail.com

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

For further information concerning this matter, please call:

Erin Mcgaugh

.,954

9344756

Name of Contact 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



July 15, 2013

ERIN MCGAUGH 10709 NW 19TH PLACE CORAL SPRINGS, FL '33071

SUBJECT: A&E INDEPENDENT, CORP

Ref. Number: P11000091965

We have received your document for A&E INDEPENDENT, CORP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Our records indicate the current name of the entity is as it appears on the enclosed computer printout. Please correct the name throughout the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 213A00017169

Carol Mustain Regulatory Specialist II

www.sunbiz.org

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 & E INDERENCE	ل
2. The principal office address: 1490 CORAL RIDGE DRIVE Suite 412 CORALS Prin	_
3. The mailing address (if different):	7
4. Date of incorporation/qualification: 10-20-2011 Document number: P11000091965	_
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) FAIN ANGAUGH CORAL SPRINGS FL 33071 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): 1440 Coral Ridge Drive Suite # 412, Coral Springs Florida P.O. Box NOT acceptable	
Coral Springs Fl 33071 The street address of its registered office and the street address of the business office of its registered agent	
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.	
X En M GAUGE Signature of an officer of directory ER, 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 07-08-2013 Date	
If signing on behalf of an entity:	
* * * FILING FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)