

PO1000090221

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400048140554

03/21/05--01038--020 **35.00

FILED
05 MAR 21 PM 1:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BARO

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AI MARKETING UNLIMITED INC.
(Name of corporation)

DOCUMENT NUMBER: PO100000 90221

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:

Joseph A Linde
(Name of contact person)

AI MARKETING UNLIMITED INC.
(Firm/Company)

2836 Lexington CT
(Address)

DViedo FL 32765
(City/state and zip code)

For further information concerning this matter, please call:

Joseph Linde at (407) 716-0758
(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
409 E. Gaines Street
Tallahassee, FL 32399

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.

- JOANNE EVVARD
6747 CAPE HATTERAS WAY N.E. #2
ST. PETERSBURG FL 33702

- Joseph A. Lindie
2836 Lexington CT
(P.O. Box NOT acceptable)
Orlando Florida 32765

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 MAR 21 PM 1:36

Robert C. Howard
(Signature of an officer or director)

JoAnne Eward President
(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)

3/17/05
(Date)

(Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314