NO4837

(Requestor's Name)		
(Address)		
,		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Dusiness Futh Name)		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
i		

Office Use Only



900131503899

06/20/08--01013--010 **35.00

KA Ro Chy





Office of the Secretary 4050 Esplanade Way Tallahassee, Florida 32399-0950 Tel: 850.488.2786 Fax: 850.922.6149

www.dms.MyFlorida.com

Secretary Linda H. South

Governor Charlie Crist

June 13, 2008

American Merchant Marine Veterans, Inc. 1323 Lafayette St., Unit H

Cape Coral, FL 33904

Dear Sir or Madam:

Enclosed is your original check, number 2537 in the amount of \$35.00. I am returning this to you because the check was sent to our department in error. The payment should have gone to Florida Department of State.

Your attention to this matter is greatly appreciated. If you have any questions or concerns, please contact me at (850) 487-9909.

Sincerely,

Shajuanna Footman

Bureau of Financial Management Services

Revenue Section

/smf

Enclosure-

COVER LETTER

TO: Amendment Section Division of Corporations	· ·		
SUBJECT: AMERICAN MERCHANT MARINE			
(Name of Corporation)			
DOCUMENT NUMBER: N04837			
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:			
Barbara J Reber. Adm	inistrator		
Barbara J. Reher, Administrator (Name of Contact Person)			
American Merchant Marine Veterans, Inc.			
American Merchant Marine Veterans, Inc. (Firm/Company)			
1323 Tafavette St. Unit H			
1323 Lafayette St., Unit H (Address)			
•			
Cana Caral El 33004			
Cape Coral, FL 33904 (City/State and Zip Code)			
For further information concerning this matter, please call:			
•			
Barbara Reher	at (239) 549-1010 (Area Code & Daytime Telephone Number)		
(Name of Contact Person)	(Area Code & Daytime Telephone Number)		
Enclosed is a \$35.00 check made payable to the Department of State.			
Enclosed is a \$55,00 check made payable to the Department of State.			
·	C4 4 A 13		
<u>Mailing Address:</u> Amendment Section	Street Address: Amendment Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327	Clifton Building		
Tallahassee, FL 32314	2661 Executive Center Circle		

Taliahassee, 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, 607.150 statement of change is submitted for a corporation organized under	r the laws of the State of Florida
in order to change its registered office or registered agent	t, or both, in the State of Florida.
1. The name of the corporation: American Merchant Ma	
2. The principal office address: 1323 Lafayette St.,	Unit H
Cape Coral, FL 3390	4
3. The mailing address (if different): POB 151205	
Cape Coral, FL 33	915
4. Date of incorporation/qualification: 8/23/84 Doc	ument number: N04837
5. The name and street address of the current registered agent and r Florida Department of State:	egistered office on file with the
Jack F. Behrens	
1323 Lafayette St., Unit	H
Cape Coral, FL 33904	
6. The name and street address of the new registered agent (if chan (if changed):	ged) and /or registered office
Calvin G. Berry	
1323 Lafayette St., Unit	H
(P.O. Box NOT acceptable)	
Cape Coral, FL 33904	
The street address of its registered office and the street address of as changed will be identical.	of the business office of its registered agent,
Such change was authorized by resolution duly adopted by its be authorized by the board, or the corporation has been notified in	oard of directors or by an officer so writing of the change.
(Signature of an officer or director) A. J	. Wichita, Nat'l. President
I hereby accept the appointment as registered agent and agree to I further agree to comply with the provisions of all statutes relat of my duties, and I am familiar with and accept the obligation of document is being filed merely to reflect a change in the register corporation has been notified in writing of this change.	o act in this capacity. ive to the proper and complete performance f my position as registered agent. Or, if this red office address, I hereby confirm that the
1/3-1	June 10, 2008
(Signature of Regularod Agent)	(Date)
If signing on behalf of a entity:	
(Torond or Briefled Manne)	
(Typed or Printed Name)	

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