#### I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

PRESIDENT

#### SIGNATURE: ELISA ARMETTA

Electronic Signature of Signing Officer/Director Detail

### DOCUMENT# P05000066202

Entity Name: ACCOUNTING MANAGEMENT ADVISORS, INC.

#### **Current Principal Place of Business:**

8401 LAKE WORTH ROAD SUITE 104 LAKE WORTH, FL 33467

### **Current Mailing Address:**

8401 LAKE WORTH ROAD SUITE 104 LAKE WORTH, FL 33467

### FEI Number: 20-2610844

## Name and Address of Current Registered Agent:

ARMETTA, ELISA A 8401 LAKE WORTH ROAD SUITE 104 LAKE WORTH, FL 33467 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

# SIGNATURE:

Electronic

#### **Officer/Director Detail**

Title	PRESIDENT	Title	VP	
Name	ARMETTA, ELISA A	Name	SCHROADER, WILLIAM N	
Address	8401 LAKE WORTH ROAD SUITE 104	Address	8401 LAKE WORTH ROAD SUITE 104	
City-State-Zip:	LAKE WORTH FL 33467	City-State-Zip:	LAKE WORTH FL 33467	

ic Signature of Registered Agent					
il :					
NT	Title	VP			
, ELISA A	Name	SCHROADER, WILLIAM N			
WORTH ROAD	Address	8401 LAKE WORTH ROAD			

04/09/2015

FILED Apr 09, 2015 Secretary of State CC7864831530

Certificate of Status Desired: No

Date

Date