# 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.

VICE PRESIDENT

#### SIGNATURE: MARCIA R AGUIAR

Electronic Signature of Signing Officer/Director Detail

## DOCUMENT# P14000008434

#### Entity Name: AMAS MANAGEMENT AND SERVICES CORP

#### Current Principal Place of Business:

4808 JAMAICA LN KISSIMMEE, FL 34746

#### **Current Mailing Address:**

4808 JAMAICA LN KISSIMMEE, FL 34746 US

### FEI Number: 46-2120478

## Name and Address of Current Registered Agent:

DOSSANTOS, RENIERE 4808 JAMAICA LN KISSIMMEE, FL 34746 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.

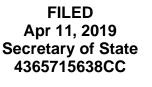
#### SIGNATURE:

Electronic Signature of Registered Agent

### Officer/Director Detail :

Title	Р	Title	VP
Name	DOSSANTOS, RANIERE	Name	AGUIAR, MARCIA R
Address	4808 JAMAICA LN	Address	4808 JAMAICA LN
City-State-Zip:	KISSIMMEE FL 34746	City-State-Zip:	KISSIMMEE FL 34746

te-Zip: KISSIMMEE FL 34746 City-State-Zip: KISSIMMEE FL 34746



Date

Certificate of Status Desired: No

04/11/2019 Date