

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V01211

**Entity Name:** AUTOMATED MERCHANT SYSTEMS, INC.

**Current Principal Place of Business:**

600 NORTHLAKE BLVD  
SUITE 230  
ALTAMONTE SPRING, FL 32701

**Current Mailing Address:**

600 NORTHLAKE BLVD  
SUITE 230  
ALTAMONTE SPRING, FL 32701 US

**FEI Number:** 59-3099999

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SLOAN, DANIEL LEE  
1833 MISTY MORN PLACE  
LONGWOOD, FL 32779 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

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title	PV	Title	TS
Name	SLOAN, DANIEL LEE	Name	SLOAN, PATRICE
Address	1833 MISTY MORN PLACE	Address	1833 MISTY MORN PLACE
City-State-Zip:	LONGWOOD FL 32779	City-State-Zip:	LONGWOOD FL 32779

*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.*

**SIGNATURE:** DANIEL LEE SLOAN

**PRESIDENT**

**01/25/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date