737037

(R	equestor's Name)			
(A	ddress)			
(A	ddress)			
(C	ity/State/Zip/Phone #)	<u> </u>		
PICK-UP	☐ WAIT	MAIL		
(E	Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of	Status		
Special Instructions to Filing Officer:				





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COVER LETTER

TO: Amendment Section **Division of Corporations**

Amara Temple Holding Corporation Inc

737037

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:

William S. Garrison

Name of Contact Person

Amara Temple Holding Corporation

Firm/Company

3650 RCA Blvd

Address

Palm Beach Gardens, FL 33410

City/State and Zip Code

garrison4210@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Slave freav. at (561)627-2100

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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of che	ange is submitted for a corporation	17,0502, 607,1508, or 617,1508, Floria corganized under the laws of the State o	of Florida
	•	registered agent, or both, in the State of	of Florida.
1. The name of	the corporation: Amara Holdin	ng Corporation Inc	1 22410
2. The principal	office address: 3050 RCA Bi	vd, Palm Beach Gardens F	L 33410
3. The mailing a	address (if different): PO Box 3	0335, Palm Beach Gardens	s, FL 33410
4. Date of incor	poration/qualification: 10/14/76	Document number: 7370	037
	d street address of the current regist rtment of State: (If resigned, enter r	tered agent and registered office on file resigned)	with the
	John B. Hammill		
	18267 Jupiter Landings	Drive	
	Jupiter, FL 33458		<u>.</u>
6. The name and (if changed):		ed agent (if changed) and /or registered	office
	William S. Garrison		_56 8
	9089 Charlee ST		TALL COLUMN
		tox NOT acceptable	
	Lake Worth, FL 33467		1 1
The street addr as changed will	ess of its registered office and the lbe identical.	street address of the business office of	f its registered agent.
Such change w authorized by t	as authorized by resolution duly ache board, or the corporation has be	dopted by its board of directors or by a een notified in writing of the change.	an officer so 😘
Polor	ure of an other or director	En Robert M. Di C. Printed or typed name and	Floria heas.
I further agree performance of agent. Or, if th	to comply with the provisions of a	ent and agree to act in this capacity, all statutes relative to the proper and co and accept the obligation of my posite to reflect a change in the registered of tified in writing of this change.	omplete ion as registered ffice address, I
william	S Larrian enature of Registered Agent	01/07/2019	
	`	Date	
If signing on be	chalf of an entity:		
William,	Syned or Printed Name		

Make Checks payable to Florida Department of State Mail to; Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)

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