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Page 1 of 1

Florida Department of State **Division of Corporations** Public Access System

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Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of <u>Tennessee</u> in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of	the corporation: A.M.L. Inc. of Tennessee				•	
2. The principal office address: PO Box 9128, Daytons Beach, FL 32120				<u></u>		
T. The Farmer			ĨĂ.	8	- <u>-</u>	
3. The mailing	address (if different):	· · · · · · · · · · · · · · · · · · ·	HASSEE	W 21 P		
4. Date of incom	poration/qualification: 09/03/81	Document number: 85027			J	
	d street address of the current registered atment of State:	agent and registered office on file		N		
	Lamar Willis	BITTS				
	3041 W. International Speedway Blvd.					
	Daytona Beach, P	T. 32124				
6. The name a changed):	nd street address of the new registered	agent (if changed) and /or regis	stered offic	æ (if		
	C T Corporation					
	c/o C T Corporatio					
	(F.O. flox or personal multiple.					
	1200 South Pine Island Rosd, Pl	aniation, Florida 33324				

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

M. Vu (Signature of an olizer, chairman or vice chairman of the board)

(Printed or typed manual and latter)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address. I hereby confirm that the corporation has been notified in writing of this change.

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By: (provi Bagen Specif Ast Sachty (Signalized Agent)	(Date)	E,	

If signing on behalf of an entity:

(Typed or Printed Name)

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(Capacity)

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* * * FILING FEE: 535.00 * * *

MARE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO; Division of Corporations, P.O. Box 6327, Tallahassee, PL 32314 **A 6**51