F00000005755

(Re	equestor's Name)	
(Ac	ldress)	
(Ad	ldress)	-
(6)	n JChaba III a III a a	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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U/MAY29 PM 2:05 SECRETARY OF STATE ALLAHASSEF, FIODIO

R-A. Change

C. Goulflette JUN 0 7 2007

COVER LETTER

	endment Section sion of Corporations	
SUBJECT:_	AMREP, Inc. (Name of Corpo	oration)
	Ç ilini	,
DOCUMEN	NT NUMBER: F00000005755	
The enclosed	d Statement of Change of Registered Office/Ag	gent and fee are submitted for filing.
Please return	all correspondence concerning this matter to	the following:
	,	3
	Kasel E. Knight	
	(Name of Contac	t Person)
	Parker, Hudson, Rainer & Dobbs, LLP	
	(Firm/Comp	any)
	1500 Marquis Two Tower, 285 Peachtree C	Center Avenue, N.E.
	(Address	
	Atlanta, GA 30303	
	(City/State and Z	(ip Code)
For further in	nformation concerning this matter, please call:	
Kasel E. Knig	ght [Name of Contact Person]	at (404) 880-4750 (Area Code & Daytime Telephone Number)
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a	a \$35.00 check made payable to the Departmen	nt of State.
	Mailing Address:	Street Address:
	Amendment Section	Amendment Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

CR2E045 (8/05)



CT 1203 Governors Square Blvd. Tallahassee, FL 32301-2960 850 222 1092 tel 850 222 7615 fax www.ctlegalsolutions.com

June 7, 2007

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301

Re:

Order #: 6945889 SO

Customer Reference 1: None Given Customer Reference 2: COA

Dear Department of State, Florida:

Please file the attached:

Amrep, Inc. (DE) Change of Agent Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to the attention of the undersigned.

If for any reason the enclosed cannot be filed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Jennifer Murphy
Fulfillment Specialist

jennifer.murphy@wolterskluwer.com

Attn: Ihelma Lewis

please refile and backs!

RECEIVED

07 JUN - 7 AM II: 17

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DIVISION OF CORPORATIONS
TALL AHASSEF FI ORIN

Page 1 of 1



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 30, 2007

KASEL E. KNIGHT PARKER, HUDSON, RAINER & DOBBS, P.A. 285 PEACHTREE CENTER AVENUE NE, #1500 ATLANTA, GA 30303

SUBJECT: AMREP, INC. Ref. Number: F00000005755

We have received your document for AMREP, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 007A00037109

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

statement of chan	rovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this age is submitted for a corporation organized under the laws of the State of Delaware to change its registered office or registered agent, or both, in the State of Florida.		
1. The name of th	ne corporation: AMREP, Inc.		
	office address: 990 Industrial Park Drive, Marietta, GA 30062		
3. The mailing ac	Idress (if different):		
4. Date of incorp	oration/qualification: 10/13/2000 Document number: F00000005755		
5. The name and Florida Depart	street address of the current registered agent and registered office on file with the ment of State:		
	Corporation Service Company		
,	1201 Hays Street		
	Tallahassee, FL 32301-2525	SECR TALLA	U/ MAY
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office	ETARY	2
	C T Corporation System	of S	5 MJ
	c/o C T Corporation System, 1200 South Pine Island Road	REA	.: ::
	(P.O. Box NOT acceptable) Plantation, Florida 33324	A	Ĭ
	ss of its registered office and the street address of the business office of its registered be identical.	agent,	
Such change wa authorized by th	s authorized by resolution duly adopted by its board of directors or by an officer so e board, or the corporation has been notified in writing of the change.		
Miles	Reduction Microscopy (Printed or typed name and title)		
I further agree to of my duties, and document is bein corporation has	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete performed I am familiar with and accept the obligation of my position as registered agent. Or not filed merely to reflect a change in the registered office address, I hereby confirm the bean notified in writing of this change. C T Corporation System (Date)	mance if this hat the	
	Jennifer F. Aultman half of an entity: Assistant Secretary		
(T	yped or Printed Name)		

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)