

F01000000230

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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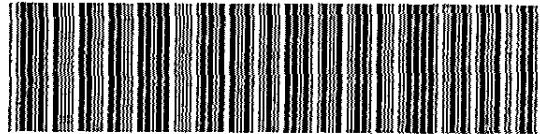
(Business Entity Name)

(Document Number)

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## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** AMA Transam Corp.  
(Name of corporation)

**DOCUMENT NUMBER:** F010000000230

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:

Michelle Phipps  
(Name of person)

AMA Transam Corp.  
(Name of firm/company)

3433 Lithia Pinecrest Rd. Suite  
(Address) 302

Valrico, Florida 33594  
(City/state and zip code)

For further information concerning this matter, please call:

Michelle Phipps at 813.1057-4130  
(Name of person) (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  
409 E. Gaines Street  
Tallahassee, FL 32399

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

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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: AMA Transam Corporation  
2. The principal office address: 2545 Mason Oaks Dr.  
Valrico, FL 33594  
3. The mailing address (if different): SAME AS ABOVE

4. Date of incorporation/qualification: 01/12/2001 Document number: F01000000230

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Alan B. Loebe  
2545 Mason Oaks  
Valrico, FL 33594

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Michelle Phipps  
3433 Lithia Pinecrest Rd Suite 30  
(P.O. Box or personal mailbox NOT acceptable)  
Valrico, FL 33594

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.

Alan B. Loebe President  
(Signature of an officer or director) (Printed or typed name and title)

*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.*

Michelle Phipps June 4, 2004  
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name) (Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314