1030005539

(Re	equestor's Name)			
(Ad	ldress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Bu	isiness Entity Nam	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
		·		

Office Use Only

12.3108



600139151236

12/22/08--01025--005 **35.00



The S

COVER LETTER

Amendment Section Division of Corporations

TO:

and the second s	No. of the second of the secon
SUBJECT: American Family Archives & C (Name of Co	rporation)
DOCUMENT NUMBER: F03000005529	
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:
George (Name of Con	A. David
(Name of Con	tact Person)
American Family Arch	nives & Chronicles, Inc
(Firm/Cor	mpany)
	Ills Circle
(Addre	ess)
Vero Bead	ch, FL 32967
(City/State and	•
For further information concerning this matter, please ca	all:
George A. david (Name of Contact Person)	at (<u>772</u>) <u>539-9418</u> (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Departm	nent of State.
Mailing Address: Amendment Section	Street Address: Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building 2661 Executive Center Circle
Tallahassee, FL 32314	2001 Executive Center Chele

Tallahassee, FL 32301

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

statement of cha	provisions of sections 607.0502, 617.050 inge is submitted for a corporation orga ir to change its registered office or regis	nized under the laws of the State of <u>De</u>	laware
1. The name of t	he corporation: American Family A	rchives & Chronicles, Inc.	
2. The principal	office address: 2170 Falls Circle		
Vero Beac	h, FL 32967		
3. The mailing a	ddress (if different):		
4. Date of incom	poration/qualification: November 3,	2005 Document number: <u>F0300000</u>)5529
	street address of the current registered a trment of State: (If resigned, enter resign	•	he
	Susan E. Northwood		
	3830 S. A1A		2008 TAL:
	Melbourne Beach, FL. 32951		2000 DEC 22 SECRETARY TALLAHASSI
6. The name and (if changed):	street address of the new registered age	nt (if changed) and /or registered office	2 PH 12: 16 RY OF STATE SEE, FLORIDA
	George A. David		. SET
	2170 Falls Circle		0 P
	(P.O. Box NOT acceptable		
	Vero Beach, FL 32967		
_	ss of its registered office and the street be identical.		
Such change was authorized by the	s authorized by resolution duly adopte e board, of the corporation has been n	d by its board of directors or by an off otified in writing of the change.	ficer so
1	re of an officer or diseasor)	George A. David, Chairma (Printed or typed name and title)	
I hereby accept I further agree t of my duties, an document is beli corporation has	the appointment as registered agent at o comply with the provisions of all sta of I am familiar with and accept the ob- ng filed merely to reflect a change in the been notified in writing of this change	nd agree to act in this capacity tutes relative to the proper and comple ligation of my position as registered a ne registered office address, I hereby c	ete performance gent. Or, if this confirm that the
100	nathur of Registered Agent)	12/19/2008 (Date)	
	half of an entity:	(Daw)	
<u>(T</u>	yped or Printed Name)		

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