Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (850)205-8642

Fax Number

: (850)878-5368

**Enter the email address for this business entity to be used for fut annual report mailings. Enter only one email address please

Email Address:

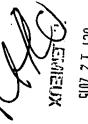
REGISTERED AGENT CHANGE AMERICAN MERCHANDISING SPECIALISTS, INC.

Certificate of Status	0
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Corporate Filing Menu

Help



10/9/2015 10:26:43 AM From: To: 8506176380(2/2)

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

statement of cha	nge is submitted for a corporation	517.0502, 607.1508, or 617.1508, Florida Sta n organized under the laws of the State of <u>NC</u> registered agent, or both, in the State of Flo	<u> </u>
1. The name of t	he corporation: American Merchan	dising Specialists, Inc.	
2. The principal	office address: PARK LANE MOORESVILLE, N		
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 7/7/2006	Document number: F060000045	i97
	street address of the current regis tment of State: (If resigned, enter	stered agent and registered office on file with resigned)	the
	National Corporate Research, Ltd.,	INC.	
	115 NORTH CALHOUN ST., SUIT	TE 4	
	TALLAHASSEE FL 32301	To the second se	ਿ ਯ
6. The name and (if changed):	street address of the new register	red agent (if changed) and /or registered office	FII-9
	C T Corporation System	R. F.	
	c/o C T Corporation System, 1200 S	South Pine Island Road	
	P.O. B Plantation, Florida 33324	Box NOT acceptable	T
The street addre	ess of its registered office and the be identical.	street address of the business office of its re	egistered agent, , ;
Such change wa authorized by th	s authorized by resolution duly a ne board, or the corporation has be	dopted by its board of directors or by an off een notified in writing of the change.	icer so
O	ise Bell	Denise Bell, VP	
I hereby accept I further agree to performance of agent. Or. if the	to comply with the provisions of a my duties, and I am familiar with	Printed or typed name and title gent and agree to act in this capacity. full statutes relative to the proper and comple h and accept the obligation of my position as to reflect a change in the registered office a tified in writing of this change	s registered
By: C T Con	poration System	10/7/2015 Date	
(/ °	half of an entity:	Daiv	
James Halpin, As	<u> </u>		
Ty	ped or Printed Name		

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