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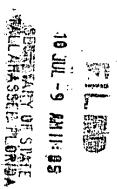
(Re	questor's Name)	
(Ad	dress)	· · · · · · · · · · · · · · · · · · ·
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PICK-UP	MAIT WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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C.COULLIETTE

JUL 1 2 2010

EXAMINER

COVER LETTER

TO: Amendme Division of	ent Section of Corporations	: :
SUBJECT:	American Ramp C	
	Name of Corpo	oration
DOCUMENT NU	JMBER:F07000	0000276
The enclosed State	ement of Change of Registered Office/Ag	gent and fee are submitted for filing.
Please return all co	orrespondence concerning this matter to t	the following:
	Janice Null	
	Name of Contac	t Person
•		•
	InCorp Service	es, Inc.
	Firm/Compa	
		I .
· ·.	375 N. Stephanie St	t., Suite 1411
	Address	
	Henderson, NV 89	9014-8909
	City/State and Z	ip Code
	lina granakia@ina	· ·
• -	lisa.granskie@inc E-mail address: (to be used for futur	e annual report notification)
	(,
For further information	ation concerning this matter, please call:	,
Janice Null on	behalf of Incorp Services, Inc. a	, (800) 246-2677 ext. 6505
	me of Contact Person.	. Area Code & Daytime Telephone Numbe
	-	,
Enclosed is a \$35.0	00 check made payable to the Departmen	at of State.
- 1	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

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

statement of ch	e provisions of sections 607. ange is submitted for a corp er to change its registered o	ooration organized	d under the law	s of the State o	f_Missouri	
	the corporation: Americ	-	_	,	,	
2. The principa	l office address: 601 S. M	lcKinley Ave.,	Joplin, MO 6	64801:		
	. 611100 400.0851	-				
3. The mailing	address (if different):					
4. Date of incom	rporation/qualification:	01/16/2007	_ Document no	umber: _ ·	F07000000276	
	d street address of the curre		t and registered	office on file	with the	
•	Nrai Services, Inc.		•			
	2731 Executive Pk	or Ste 4				
	Weston, FL 33331 U	JS		, ,	— — 基::	
6. The name an (if changed):	d street address of the new r	registered agent (i	f changed) and	/or registered o	美 盟	437
.:	InCorp Services, Inc					T ********
	17888 67th Court No					
		P.O. Box NOT acc	ceptable -	1	712	450
	Loxahatchee, FL 334	470	. *	· · · · · ·		
The street addr	ess of its registered office l be identical.	and the street add	lress of the bus	siness office of	f its registered agent,	
Such change waythou ized by	as authorized by resolution he board, or the corporation	n duly adopted by n has been notifi	y its board of d ed in writing o	irectors or by f the change.	an officer so	
	M	2	Jim	Moss	CE0	
I herdby accept I further agree of my duties, at document is be	t the appointment as regist to comply with the provisi nd I am familiar with and a ing filed merely to reflect a s been notified in writing o	ons of all statutes accept the obligat a change in the re	gree to act in t) propor and c	complete performance	3
Trice Que	<u>On behalf of Inco</u> gnature of Registered Agent	orpServices, lu		June 29, 20)10	
If signing on be	ehalf of an entity:		•	į		
Janice Nul	on behalf of InCorp S	ervices, Inc.		5		
	Typed or Printed Name		**	1	•	

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

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