

F12000000721

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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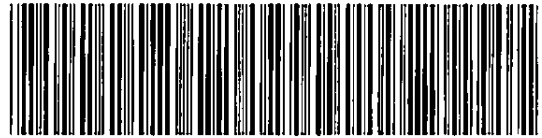
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** AMERICAN CORPORATE SERVICES, INC.  
Name of Corporation

**DOCUMENT NUMBER:** F12000000721

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:

GREGORY FINKELSON

Name of Contact Person

AMERICAN CORPORATE SERVICES, INC.

Firm/Company

2076 16TH AVE STE A

Address

SAN FRANCISCO, CA 94116

City/State and Zip Code

CORP@USA-ACS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GREGORY FINKELSON

Name of Contact Person

at (415) 6822550

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

**NATIONAL CORPORATE MANAGEMENT, INC.**

1. The name of the corporation: \_\_\_\_\_

2. The principal office address: 2076 16TH AVE., SUITE A, SAN FRANCISCO, CA 94116

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 02/15/2012 Document number: F12000000721

5. The name and street address of the current registered agent and registered office on file with the  
Florida Department of State: (If resigned, enter resigned)

INCORPORATING SERVICES, LTD., INC.

1540 Glenway Drive Tallahassee, FL 32301

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

INCORPORATING SERVICES, LTD.

P.O. Box NOT acceptable

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.

*Gregory Finkelson*

Signature of an officer or director

GREGORY FINKELSON President

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.

*Amanda Archambault*

Signature of Registered Agent

05/28/2024

Date

If signing on behalf of an entity:

Amanda Archambault, Assistant Secretary

Typed 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 (04/13)

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