## F1300001831

(Requ	estor's Name)	
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
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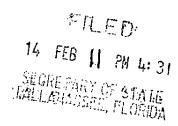
## **COVER LETTER**

are

TO: Amendment Section Division of Corporations	
SUBJECT: SAMFL, INC	Name of Comment of
	•
DOCUMENT NUMBER: F1300	0004651
The enclosed Affidavit by Foreign Corporations and the submitted for filing.	ration to Change/Add Officer(s) and/or Director(s) and fee
Please return all correspondence concerning	ng this matter to the following:
MAPIA ATKINS Name of Contact Person	<u> </u>
SAMFL, INC Firm/Company	
2708 FRUITVILLE POA	7
SARASOTA, FV 342 City/State and Zip Code	37
Maria Creal estate-bit.  E-mail address: (to be used for future and	Jule. COM  Mual report notification)
For further information concerning this ma	atter, please call:
Name of Contact Person	at (95) 279. ZOOO Area Code & Daytime Telephone Number
Enclosed is a check made payable to the F	lorida Department of State for the following amount:
\$35.00 Filing Fee \$43.75 Filing Fee Certificate of State	&
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301





## FLORIDA DEPARTMENT OF STATE **DIVISION OF CORPORATIONS**

## AFFIDAVIT BY FOREIGN CORPORATION TO CHANGE/ADD OFFICER(S) AND/OR DIRECTOR(S)

(Note: Applicable only du	ring the first calendar year of qualification)
1. The name of the foreign corporation as SAMFL, INC	it appears on the records of the Florida Department of State is:
2. This entity was authorized to transact by	
3. This corporation was formed under the l	aws of Calitornia
4. The name and address of each officer ar	nd/or director is as follows:
Difficer	Name and Address  Maria Atkins  2708 Fruitville Road
Director	Sarasota, FL 34237  David Hahn  Leol Pailmad Street  Corona, CA 92880
(Attach add	litional pages if necessary)
4)1/~	dfficer
nature of an officer or director	Title of person signing
ed or printed name of person signing	FILING FEE \$35

Make checks payable to Florida Department of State and Mail to: Division of Corporations • PO Box 6327 • Tallahassee, FL 32314

CR2E127 (8/08)