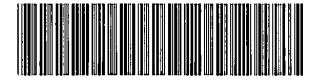
## F1800000 4913

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

Name of Corporation

POCLIMENT NUMBER: F18000004913

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:

## Name of Contact Person Amego, Inc. Firm/Company 33 Perry Ave. Address Attleboro, MA 02703 City/State and Zip Code kjohnson@amegoinc.org E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kevin Johnson at 508 455-6209

Name of Contact Person 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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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

statement of cha	nge is submitted	for a corporation organiz	, 607.1508, or 617.1508, Florida , ted under the laws of the State of <u>_</u> ted agent, or both, in the State of 1	Massachusetts	
1. The name of t	he corporation:	Amego, Inc.			
2. The principal	•	33 Perry Ave			
· · · · · · · · · · · · · · · · · ·		Attleboro, MA 0270	03		
3. The mailing a	ddress (if differ	<sub>ent):</sub> same			
4. Date of incorp	ooration/qualific	october 24, 20	18 Document number: F1800	0004913	
		of the current registered ago If resigned, enter resigned	ent and registered office on file w	ith the	
HOUVOURAS, RAYNA, EX DIR				<b>.</b>	
65 EAST NASA BLVD, SUITE 101		2019 JUN 24 SECRLIANY TALLAHAS			
MELBOURNE, FL 32		NE, FL 32901		JUN 24 PA	
6. The name and (if changed):	street address o	of the new registered agent	(if changed) and /or registered of		
	MICHAEL '	WEINBERG		07	
	65 EAST NASA BLVD, SUITE 101				
P.O. Box NOT acceptable					
	MELBOUR	NE, FL 32901			
The street addre	ess of its register be identical.	red office and the street ac	ddress of the business office of it	s registered agent.	
Such change wa authorized by th	is authorized by he board, or the	resolution duly adopted by corporation has been notified.	by its board of directors or by an fied in writing of the change.	officer so	
_Alla	Mold		John Randall, President		
	r∉ of an officer or dire		Printed or typed name and tit	le	
- I further agree t - performance of	o comply with t my duties, and	he provisions of all statut I am familiar with and acc	agree to act in this capacity. es relative to the proper and con cept the obligation of my position at a change in the registered offic writing of this change.	iplete i as registered e address, l	
Michael	nature of Registered /	<b>S</b> ENT	06/17/2	019	
/ If signing on bel	half of an entity	:			
Michael We	inberg				
Ту	ped or Printed Name				

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