

G57838

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

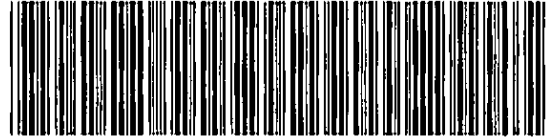
(Business Entity Name)

(Document Number)

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ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AMERICAN INVESTIGATION'S MANAGEMENT, INC.
Name of Corporation

DOCUMENT NUMBER: G57835

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:

MAX MARTIN

Name of Contact Person

AMERICAN INVESTIGATION'S MANAGEMENT, INC

Firm/Company

506 N.W. 87 AVENUE #104

Address

MIAMI, FL 33172

City/State and Zip Code

MAXOFAIM@AOL.COM

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

For further information concerning this matter, please call:

MAX MARTIN

Name of Contact Person

at (305)

666-4437

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 21, 2021

MAX MARTIN
506 N.W. 87 AVENUE #104
MIAMI, FL 33172

SUBJECT: AMERICAN INVESTIGATION'S MANAGEMENT, INC.
Ref. Number: G57838

We have received your document for AMERICAN INVESTIGATION'S MANAGEMENT, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person designated as registered agent in the document and the person signing as registered agent must be the same.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist III

Letter Number: 321A00025691

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

1. The name of the corporation: AMERICAN INVESTIGATION'S MANAGEMENT, INC.
2. The principal office address: 506 N.W. 87 AVENUE, APT 104, MIAMI, FL 33172
3. The mailing address (if different): 6855 EDGEWATER DRIVE, APT 2F, CORAL GABLES, FL 33133
4. Date of incorporation/qualification: 08/24/1983 Document number: G57838
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)

DECEASED

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

MAX L. MARTIN

6855 EDGEWATER DRIVE, APT 2F

P.O. Box NOT acceptable

CORAL GABLES, FL 33133

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.

Max Martin
Signature of an officer or director

Max Martin VP
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.

Max Martin
Signature of Registered Agent

11-12-21
Date

If signing on behalf of an entity:

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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