## G94946

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B.A.

TBYOWN 12-13-11

## COVER LETTER

TO:	Amendment Section Division of Corporation	ns		
SUBJ	ECT:	AMBER GLADE	ES, INC.	
		Name of Cor	poration	
DOCI	UMENT NUMBER:	G(	94946	
The er	nclosed Statement of Cha	nge of Registered Office/A	Agent and fee are submitted	for filing.
Please	return all correspondence	e concerning this matter to	the following:	
	•	Ü	Ü	
		David To Name of Conta	erry	
		Name of Conta	ct Person	
		Ambor Clad	loo loo	
	<del></del>	Firm/Com	es, Inc.	
		i iiii com	pully	
		3113 State Road	d 580. #338	
		Addres		<del></del>
		Saferty Harbor,	FL 34695	
	<del></del>	Saferty Harbor, City/State and	Zip Code	
		David@Amberg	lades.com	
	E-mail add	ress: (to be used for futu	ire annual report notificat	tion)
For fu	rther information concern	ing this matter, please cal	l:	
	David Te	Smr.	. 727	490 2447
	Name of Contac	t Person	at ( 727 ) Area Code & Daytime	Telephone Number
			·	-
Enclos	sed is a \$35.00 check mad	le payable to the Departmo	ent of State.	
	Racitic.	z Addrossi	Street Address	
	Amend	g Address: Iment Section	Street Address: Amendment Section	on
		on of Corporations	Division of Corpo	
		ox 6327	Clifton Building	
	Tallah	assee, FL 32314	2661 Executive C	enter Circle

Tallahassee, FL 32301

## 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: Amber Glades, Inc.	
2. The principal office address: 3113 State Road 580	
Safety Harbor, FL 34695	_
3. The mailing address (if different): 3113 State Road 580, Lot 338  Safety Harbor, FL 34695	
4. Date of incorporation/qualification: 4/6/1984 Document number: G94946	
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)	
Justin Joseph	
1266 South Pinellas Ave	
1266 South Pinellas Ave  Tarpon Springs, FL 34689  6. The name and street address of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered agent (if changed) agent (if changed) are changed agent (if changed) and /or registered agent (if changed) agent (if changed) are changed agent (if changed) are ch	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	いつ
Christopher Kuhn	
P.O. Box NOT acceptable	
Dunedin, FL 34698	
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.	
Staron Des Jardino SHARON DES JARDINS Signature of an officer or dijector  Signature of an officer or dijector	
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.	
Signature of Registered Agent  Date	
If signing on behalf of an entity:	
Typed or Printed Name	

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