J42045



Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1	(Corporation Name)	(Document #)	98 7AE	
2.	(Corporation Name)	(Document #)	NOV AHA	_
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NEW FILINGS		
	Profit	
	NonProfit	
	Limited Liability	
	Domestication	
	Other	

	AMENDMENTS
	Amendment
	Resignation of R.A., Officer/Director
<u></u>	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

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OTHER FILINGS
Annual Report
Fictitious Name
Name Reservation

REGISTRATION/-QUALIFICATION
Foreign
Limited Partnership
Reinstatement
Trademark
Other

11-10-98

Examiner's Initials

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, the undersigned corporation organized under the laws of the State of $FLORIDA$
submits the following statement in order to change its registered office or registered agent, or both, in the
1. The name of the corporation is: AMSCOT HOLDINGS, INC.
2. The mailing address of the corporation is: 8430 NO. ARMENIA AVENUE,
TAMPA, FLORIDA 33604
3. Date of incorporation/qualification: 1/5/86 Document number: J 42045
4. The name and address of the current registered agent and office:
ANTHONY, JOHN A.
ANTHONY, JOHN A. 501 EAST KENNEDY BLVD. #1400 ES &
TAMPA FLORIDA 33602 ET 5
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)
MACKECHNIE, MAN
8430 NO, ARMENIA AVE,
TAMPA, FLORIDA, 33604
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.
(Signature of an officer, chairman or vice chairman of the board)
(Date)
(Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, 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.
(Signature of Registered Agent)
(Signature of Registered Agent) (Date)
f signing on behalf of an entity:
(Typed or Printed Name) (Capacity)
* * * FILING FEE: \$35.00 * * *

P.O. Box 6327

TALLAHASSEE, FL 32314

CR2E045(7/97)

DIVISION OF CORPORATIONS