

K96932

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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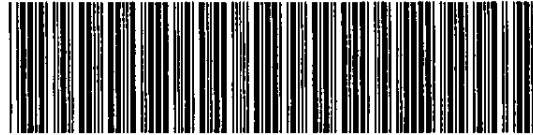
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 MAY 24 AM 9:17

R A Kofch  
@ 5/25/12

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** American Life Resources Corporation  
Name of Corporation

**DOCUMENT NUMBER:** K96932

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:

AARON M. COHEN

Name of Contact Person

AARON M COHEN PA

Firm/Company

955 NW 17TH AVENUE, D

Address

DELRAY BEACH, FL 33445

City/State and Zip Code

AMC@COHENKUVIN.COM

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

For further information concerning this matter, please call:

AARONM COHEN

Name of Contact Person

at ( 561 ) 6658020

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**

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 LIFE RESOURCES CORPORATION
2. The principal office address: 1661 WEST AVE  
MIAMI BEACH, FL 33139
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 06/21/97 Document number: K96932
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)

STEVE SIMON

1661 EST AVE

MIAMI BEACH, FL 33239

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

AARON M. COHEN, PA

955 NW 17TH AVE, BLDG D

P.O. Box NOT acceptable

DELRAY BEACH FL 33445

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.

  
\_\_\_\_\_  
Signature of an officer or director

STEVE SIMON

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.*

  
\_\_\_\_\_  
Signature of Registered Agent

05.21.12

Date

If signing on behalf of an entity:

AARON M. COHEN

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 (03/12)

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