

1090000005795

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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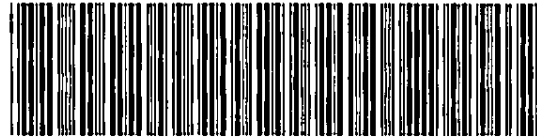
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Amcas Properties LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dolores Junker  
Name of Person

NA  
Firm/Company

1073 KENTON ST  
Address

AURORA, CO 80010  
City/State and Zip Code

dyunker97@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dolores Junker at (303) 304-3056  
Name of Person Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Enclosed is a check for the following amount:**

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR  
LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: AMDAS PROPERTIES, LLC

2. (a) 1073 KENTON STREET (b) SAMB

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

AURORA, CO 80010

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

01/05/2009

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3. Date of filing/registration in Florida 4. Document number

5. (a) JOSHUA GAULT

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

4456 TAMiami TRAIL #814

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

PORT CHARLOTTE, FL 33980

(b) SEAN E. KELLY

Enter name of NEW Registered Agent and/or NEW Registered Office address:

ALL COUNTY MEDALLION PROPERTY MGT.

NEW Registered Office Address:

2726 OAK RIDGE CT. STE 501

PORT MYERS, FL 33901

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

DOLORES YUNKER

Signature of a member or authorized representative of a member

Printed or typed name of signer

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

FILED  
2022 MAY 23 PM 2:59  
SECRETARY OF STATE  
TALLAHASSEE, FL