

L14000148982

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

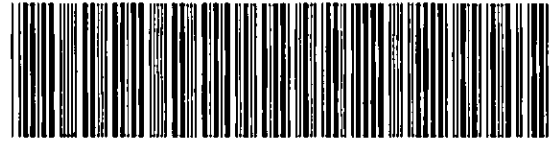
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18 JAN 25 PM 2:31

O. SIMONS
JAN 25

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AMERICAN MANAGEMENT Allies 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:

MARISA Rivera

Name of Person

Firm/Company

4916 NEWTON Cr.

Address

St. Cloud, FL 34771

City/State and Zip Code

marisa.a.rivera@gmail.com

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

For further information concerning this matter, please call:

MARISA Rivera

Name of Person

at (585) 802-9563

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

check #135 sent 10/3/17
(see attached)

RECEIVED
JUL 25 2018

05

**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: AMERICAN MANAGEMENT Allies LLC

2. (a) 4916 Newton Ct. (b) 4916 Newton Ct.
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

St Cloud, FL 34771 St Cloud, FL 34771

3. 9/23/14 4. L14000148982
Date of filing/registration in Florida Document number

5. (a) US CORPORATION OF AGENTS INC
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

13302 WINDING OAKS COURT.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Suite A.

TAMPA, FL 33612

(b) MARISA Rivera
Enter name of NEW Registered Agent and/or NEW Registered Office address:

4916 Newton Ct.

NEW Registered Office Address:

St

St. Cloud, FL 34771

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.

MARISA Rivera
Signature of a member or authorized representative of a member

MARISA Rivera
Printed or typed name of signee

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.

MARISA Rivera
Signature of Registered Agent