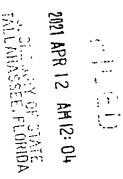
## L19000071106

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Dusiness Futh Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:



400363520824

04/12/21--01011--027 \*\*25.00



Office Use Only

## **COVER LETTER**

TO: Registration Section  Division of Corporations	
SUBJECT: AMCIII L.L.C  Name of Limited Lia	bility Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and for	pe(s) are submitted for filing
- · · · · · · · · · · · · · · · · · · ·	
Please return all correspondence concerning this matter to the fo	illowing:
Name of Person	
AMCIII C.C. Firm/Company	_
rittivCompany	
11789 ST. Andrews Pl. #101 Address	_
Wellington FL. 33414 City/State and Zip Code	_
E-mail address: (to be used for future annual report notific	ation)
For further information concerning this matter, please call:	
Marko H. 2 C at ( & U )	238-630 \( \) 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:	
	5 Filing Fee & Certified Copy

INHS18 (2/14)

## 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. Na	me of the limited liability company: AMC/11/ L. C.
	1/7 & 9 ST. Audrews PL. #101 (b) 1/924 Fores + 14.20 BIVD 10A. 434  Principal office address of limited liability company:  Mailing address of limited liability company:
	Wellington FL. 33414  Wellington FL. 33414  Wellington FL. 33414
,	4/13   2019   1900007/106    Date of filing/registration in Florida 4. Document number
√3. 5. (a)	Ronald Witkowski Esq
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	,
	Wellington FL 33414
(b)	Mark D H.LL Enter name of NEW Registered Agent and/or NEW Registered Office address:
	11789 ST. Andrews PL # 101 NEW Registered Office Address:
	Wellinton FL 33414 PR TI
change agent	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the or changes are made, the Florida street address of the registered office and the business office of the registered vill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) are authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in
the art	cles of organization or the operating agreement of the limited liability company.
Signa	ture of a member or authorized representative of a member  Mark D HITE  Printed or typed name of signee
I here provis the ob to mer	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept igations of my position as registered agent as provided for in Chapter 605. F.S. Or, if this document is being filed ely reflect a change in the registered office address. I hereby confirm that the limited liability company has been d'in writing of this change.
Signati	re of Registered Agent