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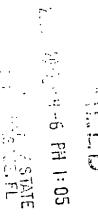
(R	Requestor's Name	2)						
(A	Address)							
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(City/State/Zip/Phone #)								
PICK-UP	☐ WAIT	MAIL						
(E	Business Entity N	ame)						
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Certified Copies	Certificat	tes of Status						
Special Instructions to Filing Officer:								
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## **COVER LETTER**

FO: Registration Section Division of Corporations		•
AMS Floors, LLC SUBJECT:		
	ame of Limited	Liability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered O	ffice Change an	d fee(s) are submitted for filing.
Please return all correspondence concerning t	this matter to the	e following:
Name of Person		<del></del>
Castro Potts Law Firm, PLLC		
Firm/Company		
1990 Main Street, STE 750		
Address		
Sarasota, FL 34236		
City/State and Zip Code		<del></del>
scastro@castropotts.com		
E-mail address: (to be used for future ar	nnual report not	ification)
For further information concerning this matte	er, please call:	
Sara Castro, Esq.	94 i at (	300-9595
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 followin	ig amount:	
■ \$25 Filing Fee	<b>□</b> :	\$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.

2. (a)	5920 Pan American Boulevard	5920 Pan American Boulevard						
z. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_	(0		Mailing addres	s of limited li	•	
	North Port, FL 34287			North Port	t, FL 34287			
		_				_		
	03/04/2020	- ,		L20000071		1		
3. 5. (a)	Date of filing/registration in Florida File Florida Co.	4.			Document i	number		
J. (a)	Registered Agent and Registered Office shown on the records of	he Flo	nda	Dept. of Star	te:			
	Registered Office Address (MUST BE FLORIDA STREET A	IDDRI	ESS	7	_		****	
	Fort Lauderdale, FL	33301	<u> </u>		_	:	(E)	:[]
(b)	Castro Potts Law Firm, PLLC					· ·	:i= -6	194 194
, ,	Enter name of NEW Registered Agent and/or NEW Registered	Office	ade	tress:			PH 1: 05	
	NEW Registered Office Address:				_	L-12	3 3	
	1990 Main Street, STE 750				_			
	Sarasota , FL	34236	5		_			
change agent v was/w	imited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of cites of organization or the operating agreement of the	regist bility f the l limite	co lim d li	d office an mpany, it i ited liabilit	d the busine is hereby con ty company o npany.	ss office of ifirmed that	the reg	istered inge(s)
Signa	ture of a member or authorized representative of a member	<del></del>		•	Printed or typ	oed name of s	ignee	
provis the obi to mer	by accept the appointment as registered agent and agree ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided elerreflect a change in the registered office address. I had writing of this change.	ee to e perfor for is ereby	act rma n C	in this cap nce of my hapter 605 nfirm that	acitv. I furth duties, and I 5, F.S. Or, if the limited h	her agree to am familio this docun iability con	o comply ir with a nent is b npany he	wwith the and accept eing filed as been
	re of Registered Agent							

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00