Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

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From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023

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Phone Fax Number

: (856) 222-9428

REGISTERED AGENT CHANGE

AMERICAN MANAGEMENT SERVICES LLC

Certificate of Status	0
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CT CORPORATION

P. 62/92

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

Pursuant to the provisions liability company submits tagent, or both, in the State	he following st	08.416 or 608.508, l latement in order to	Florida Statutes, change its regis	, the undersigne tered office or r	d limited egistered
1. The name of the limited	liability compa	ny is: American Mana	gement Services LL	.Ĉ	
2. The mailing address of t	he limited liabi	lity company is: 280	11 Alaskan Way, St.	: 200, Sestile, WA	98121
				<u> </u>	·
04/28/2003			101000001319		
3. Date of filing/registration	n in Florida	4.	Document num	ber	
5. The name of the registere Florida Department of St	ed agent and the	registered office add	iress 22 shown o	n the records of t	the
2	Comorange Service	e Cotopany			
		Name			
<u> 1</u>	201 Hays Street				
	•	Address		•	V
<u> </u>	alahassee, FL 32	301-2525			
•		City, State and Zip		÷	
6. The name and address of	the new registe	tred agent and/or offi	ce: `	*	•
c	T Corporation Sy	stem			
_		Name	÷		
<u>ئا</u>	00 South Pine Isla	and Road	•		
		ddress (P.O. Box NO	T acceptable)		
<u> </u>	Isntation	FL 33324			
	(Lity, State and Zip			
If the limited liability computed from the charant the business office of the liability company, it is herebuthe members of the limited I the operating agreement of the limited in the operating agreement of the limited lim	age or changes a registered ago by confirmed the iability companies limited liability	are made, the Florida ent will be identical, at the change(s) was/ ny or as otherwise pro- lity company.	or street address of Or, in the case of	f the registered of a Florida limite	Mice District
	_				
(Printed or typed name of signec)	payer		·	•	H SEE
I hereby accept the appoints comply with the provisions of and I am familiar with and a Chapter 608, F.S. Or, if this address I hereby confirm the ET Company of System	ment as register of all statutes re occept the oblig or accument is b at the limited li	red agent and agree t clative to the proper of ations of my position ging filed to merely r ability company has	to act in this capind complete per as registered ag effect a change i been notified in t	acity. I further a farmance of my tent as provided in the registered writing of this ch	office conge.
(Signifium of Republic d Agont) Nancy warn Division	O Corporation	15, P.O. Box 6327, T	allahassee, FL	32314	
INPS(8(10/99)		ILING FEE: \$25.00			•