## N0200005400

| (Requestor's Name)                      |  |  |  |  |  |
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| (Address)                               |  |  |  |  |  |
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| (Address)                               |  |  |  |  |  |
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| (City/State/Zip/Phone #)                |  |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |  |
|   |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |
| (                                       |  |  |  |  |  |
|   |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |
| •                                       |  |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |  |
|   |  |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |  |
| Special instructions to rining Officer. |  |  |  |  |  |
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Office Use Only



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RA-Charge CCOULLIFTTY

JUN 0 9 2010

**EXAMINER** 

## COVER LETTER

Amendment Section Division of Corporations

TO:

|  | Americana Levo                         | Living Inc                        |                             |  |  |  |
|--|--|-----------------------------------|-----------------------------|--|--|--|
| SUBJECT:   | Americans Love                         | orporation                        |                             |  |  |  |
| DOCUMENT NUMBEI  | R:N02                                  | 00005400                          | makin min 277 may 177 funks |  |  |  |
| The enclosed Statement of  | f Change of Registered Office          | e/Agent and fee are submit        | tted for filing.            |  |  |  |
| Please return all correspon  | ndence concerning this matter          | to the following:                 |                             |  |  |  |
|  |  |                                   |                             |  |  |  |
|  | Jacques Hetu Name of Contact Person    |                                   |                             |  |  |  |
|  |  |                                   |                             |  |  |  |
| Americans Love Living, Inc.  |  |                                   |                             |  |  |  |
|  | Firm/Company                           |                                   |                             |  |  |  |
|  | 3640-B3 North Fed                      | 1101 - 8400                       |                             |  |  |  |
|  |  |                                   |                             |  |  |  |
|  | Add                                    |                                   |                             |  |  |  |
|  | Lighthouse Point, FL 33064             |                                   |                             |  |  |  |
| City/State and Zip Code  |  |                                   |                             |  |  |  |
| libertyyacht@aol.com   |  |                                   |                             |  |  |  |
| E-mail address: (to be used for future annual report notification) |  |                                   |                             |  |  |  |
|  |  |                                   |                             |  |  |  |
| For further information co   | oncerning this matter, please of       | eall:                             |                             |  |  |  |
| Jaco   | ues Hetu                               | at ( 954 )<br>Area Code & Dayti   | 588-1381                    |  |  |  |
| Name of C  | ontact Person                          | Area Code & Dayti                 | me Telephone Number         |  |  |  |
| Enclosed is a \$35.00 chec   | k made payable to the Depart           | ment of State.                    |                             |  |  |  |
| <u>1</u>   | Mailing Address:                       | Street Address:                   |                             |  |  |  |
| =  | Amendment Section                      | Amendment Se                      |                             |  |  |  |
|  | Division of Corporations P.O. Box 6327 | Division of Co<br>Clifton Buildin | <b>-</b>                    |  |  |  |
|  | Tallahassee, FL 32314                  |                                   | e Center Circle             |  |  |  |

Tallahassee, FL 32301

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| statement of cha  | nge is submitted for a cor   | poration organized  | 107.1508, or 617.1508, Flori<br>I under the laws of the State<br>I agent, or both, in the State                                | of Florida  |  |  |
|---|--|---|--|---|--|--|
|   | he corporation: Americ   |   |  | -,  |  |  |
|   | office address: 3640-B   |   | Highway # 138  |   |  |  |
|   | ddress (if different):   |   |  |   |  |  |
| 4. Date of incorp   | oration/qualification:   | 7/17/2002   | Document number:   | N0200005400   |  |  |
|   | street address of the curr<br>tment of State: (If resigne  |   | t and registered office on file  | e with the  |  |  |
|   | Jacques Hetu   |   |  |   |  |  |
|   | 11011 Legacy Lane # 206  |   |  |   |  |  |
|   | Palm Beach Gardens, FL 33410   |   |  |   |  |  |
| 6. The name and (if changed):   |  | registered agent (i   | f changed) and /or registered  | I office of   |  |  |
|   | Jacques Hetu   | · · · · · · · · · · · · · · · · · · ·   |  |   |  |  |
|   | 3640-B3 North Federal Highway # 138  |   |  |   |  |  |
| P.O. Box NOT acceptable  Lighthouse Point, FL 33064   |  |   |  |   |  |  |
| The street addre  |  |   | dress of the business office   | → ♥ ↑ of its registered agent,  |  |  |
| Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change. |  |   |  |   |  |  |
| / -/  | e of an officer or director  |   | Printed or typed name  | and title   |  |  |
| I hereby accept I further agree to f my duties, an document is bei corporation has  | the appointment as regi<br>ocomply with the provid<br>I am familiar with and<br>ng filed merely to reflect<br>been notified in writing | stered agent and a<br>sions of all statute.<br>I accept the obliga<br>a change in the re<br>of this change. | gree to act in this capacity,<br>s relative to the proper and<br>tion of my position as regis<br>egistered office address, I h | complete performance<br>tered agent. Or, if this<br>vereby confirm that the |  |  |
|   | Hues Jacket<br>parture of Registered Agent   |   | 06/04/10<br>Date   |   |  |  |
| If signing on be  | half of an entity:   |   |  |   |  |  |
|   | uned or Printed Name   | **************************************  |  |   |  |  |

\* \* \* FILING FEE: \$35.00 \* \* \*