## : NO000006862

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





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by Alex

## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: Amerikarma Corporation (Name of Corporation)
DOCUMENT NUMBER: N06000006862
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Patricia Rotko
(Name of Contact Person)
Amerikarma
(Firm/Company)
6614 Royal Parkway North
(Address)
Lockport, NY 14094
(City/State and Zip Code)
For further information concerning this matter, please call:
hadia Barrana
Ustin Brunner at (716) 957-2108 (Name of Contact Person) (Area Code & Daytime Telephone Numbe
(
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Street Address:
Amendment Section Amendment Section
Division of Corporations  P.O. Box 6327  Division of Corporations  Clifton Building
Tallahassee, FL 32314 Childing  Cannon Building  Cannon Building  Cannon Building

Tallahassee, FL 32301

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

statement of cha	provisions of sections 607.0502, 617.0502, ange is submitted for a corporation organize er to change its registered office or registere		<del></del>
1. The name of	the corporation: Amerikarma Corpora	tion	
2. The principal	office address: 600 Harrison PI #1420	)	
DeLand, F	FL 32724		
3. The mailing a			
4. Date of incor	poration/qualification: June 27, 2006	Document number: N06000006862	<del></del>
	d street address of the current registered age rtment of State: (If resigned, enter resigned)	nt and registered office on file with the	<b>200 200 200</b>
	Justin Brunner	SSE SERV	<u>ت</u> آ
	2400 lotoko Cir #1	TO THE	⊋ (D) <del></del>
	Orange City, FL 32763	20년	37
6. The name and (if changed):	d street address of the new registered agent (	if changed) and /or registered office	
	Justin Brunner		
	600 Harrison Place # 1420		
	(P.O. Box NOT acceptable)		
	DeLand, FL 32724		
The street addr as changed wil	ess of its registered office and the street ad I be identical.	dress of the business office of its registered a	gent,
Such change w authorized by t	as authorized by resolution duly adopted the board, or the corporation has been notified.	by its board of directors or by an officer so need in writing of the change.	
- Tatric	dure of an officer or director)	Patricia Rotko (Printed or typed name and title)	
I hereby accept I further agree of my duties, at document is be corporation ha	t the appointment as registered agent and to comply with the provisions of all statute and I am familiar with and accept the obliging filed merely to reflect a change in the I seen notified in writing of this change.	agree to act in this capacity. es relative to the proper and complete perforn ation of my position as registered agent. Or, i registered office address, I hereby confirm tha	nance if this at the
$\bigcirc$	ustra Bruman	April 7, 2009	
<b>\</b>	ignature of Registered Agent)	(Date)	
If signing on bo	ehalf of an entity:		
(	Typed or Printed Name)		
	* * * FILING FEE	: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)