

ND80000003735

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

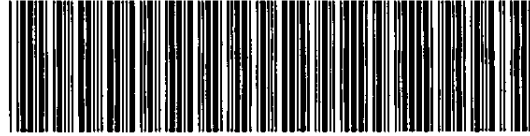
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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MAY 05 2014
C. CARROTHERS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ANDEAN RESEARCH INSTITUTE, INC

Name of Corporation

NO8000003735

DOCUMENT NUMBER: _____

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:

THOMAS J BACHMEYER

Name of Contact Person

ANDEAN RESEARCH INSTITUTE, INC

Firm/Company

6750 Planting Street, # 1106 (effective 5/1/15)

Address

Winter Garden, FL 34787

City/State and Zip Code

timbachmeyer1@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas J Bachmeyer

561

801-5752

at (_____) _____

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ANDEAN RESEARCH INSTITUTE INC.
2. The principal office address: 6750 Planting Street, # 1106
Winter Garden, FL 34787
3. The mailing address (if different): _____

4. Date of incorporation/qualification: April 16, 2008 Document number: NO8000003735

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Thomas J Bachmeyer

100 Via Royale, # 101

Jupiter, FL 33458

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Thomas J Bachmeyer

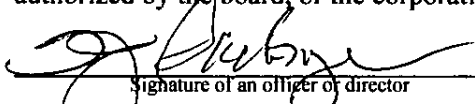
6750 Planting St., # 1106

P.O. Box NOT acceptable

Winter Garden, FL 34787

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.

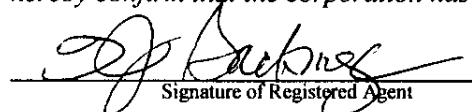


Signature of an officer of director

Thomas J. Bachmeyer, President

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.



Signature of Registered Agent

4-20-15

Date

If signing on behalf 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

CD35045 (02/13)

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