P0000018350

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	





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COVER LETTER

Division of Corporations
SUBJECT: American butter INC. Name of Corporation
DOCUMENT NUMBER: POODOO 18350
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:
Rebecca Davis Name of Contact Person
American Gutter Inc.
322 JE Hwy 100 Suite A
Keystone Heights 71 32656
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (352) 473-8411 Area Code & Daytime Telephone Number
Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Amendment Section Street Address: Amendment Section
Amendment Section Amendment Section Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR 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: American Gutter Inc.	
2. The principal office address: 322 = Hwy 100 Suit A Kaystone Heights 74 32656	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 2/17/2000 Document number: P00000018350	_
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)	
Phil. C. Beverly JR.	
6938 Deer Springs Rd	1
Keyston Heights 71 32652	ា្ន
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	צ
The Seagle Building Suite 500 408 West University Ave. P.O. Box NOT acceptable Stringsville, 71 32601-5289	
GAINESUILLE, 71 32601-5289	
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 or director Seith A. Chapman - President	
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 Z/25/19	
If signing on behalf of an entity:	
Rehecoix Davis Typed or Printed Name	

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