P00000094594

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	a #f)
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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RECRETARY OF STATE
ARLAHASSEE FLORIDA

MAR 14 2012 T. ROBERTS

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT:	AAA Insta-Move Name of Corpor			
	Name of Corpor	ation		
DOCUMENT NUMBER:	UMENT NUMBER: P0000096594			
The enclosed Statement of Chang	e of Registered Office/Age	ent and fee are submit	ted for filing.	
Please return all correspondence	concerning this matter to th	e following:		
	Charles R. Li	tton		
	Name of Contact	Person		
AAA Insta-Move Inc.				
	Firm/Company			
1970 Dolgner Place Address				
	Addiess			
	Conford El 2	274		
Sanford, FL 32771 City/State and Zip Code				
			•	
F 1 . 1	Charles@instamo			
E-mail address: (to be used for future annual report notification)				
For further information concernir	g this matter, please call:			
Charles R. L	itton at	(407)	330-7320	
Name of Contact	Person	Arca Code & Daytii	330-7320 nc Telephone Number	
F 1 1: 00 5 00 1 1		0.0		
Enclosed is a \$35.00 check made	payable to the Department	of State.		
Mailing Amendn	Address: nent Section	Street Address: Amendment Se	ction	
	of Corporations	Division of Co		
P.O. Bo	•	Clifton Buildin	•	
Tallahas	see, FL 32314	2661 Executive	e Center Circle	
		Tallahassee, FI	L 323 01	

CR2E045 (8/05)

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: AAA Insta-Move Inc.
2. The principal office address: 1970 Dolgner Place Sanford, FL 32771
3. The mailing address (if different): PO Box 1943 Sanford, FL 32772
2000-00/50/
4. Date of incorporation/qualification: Od 12, 2000 Document number: YOODOCOY6599
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)
Charles R. Litton
1819 W. 2nd St.
Sanford, FL 32771
6. The name and street address of the new registered agent (if changed) and /or registered of regist
Charles R. Litton
1970 Dolgner Place
P.O. Box NOT acceptable Sanford. FL 32771
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.
Charles R. Litton President Signature of an officer or director 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 03/08/2012 Date
If signing on behalf of an entity:
Typed or Printed Name

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (8/05)

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