P0/000025766

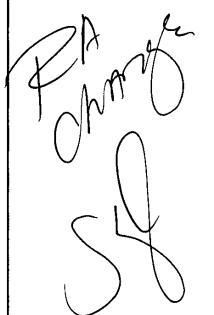
(Re	equestor's Name)		
(Address)			
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PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
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SECHETARY OF STATE

TO: Amendment Section

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: AMERICAN MEDICAL GENERAL, INC. (Name of Corporation)
DOCUMENT NUMBER: P01000025766
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:
Pierre Sanchez (Name of Contact Person)
American Medical General, Inc. (Firm/Company)
280 Nelson Street, Suite 484 (Address)
Vancouver, British Columbia, Canada V6B 2E2 (City/State and Zip Code)
For further information concerning this matter, please call:
Jay Wheatley at (604) 629-2505 (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

. \P 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 statement of change is submitted for a corporation organized under the in order to change its registered office or registered agent, or &	laws of the State of Florida		
1. The name of the corporation: American Medical General, Inc.			
2. The principal office address: 280 Nelson Street, Suite 484, Var	couver, British Columbia V6B 2E2		
3. The mailing address (if different):			
4. Date of incorporation/qualification: March 8, 2001 Document	nt number: P01000025766		
5. The name and street address of the current registered agent and register Florida Department of State:	ered office on file with the		
Jay D. Wheatley			
7491 N. Federal Highway, Building C	C-5, Suite 295		
Boca Raton, Florida 33487 USA	Boca Raton, Florida 33487 USA		
6. The name and street address of the new registered agent (if changed):	N 20 2		
Pierre Sanchez	PHII: 25 PHII: 25 PEE. FLORI		
1200 Brickell Ave.	. 25		
(P.O. Box NOT acceptable)	OP P		
Miami, Florida 33131 USA			
The street address of its registered office and the street address of the s changed will be identical.	business office of its registered agent,		
ch change was authorized by resolution duly adopted by its board orized by the board, or the corporation has been notified in writing	of directors or by an officer so ag of the change.		
	neatley, President Printed or typed name and title)		
cept the appointment as registered agent and agree to act ree to comply with the provisions of all statutes relative to and I am familiar with and accept the obligation of my p ring filed merely to reflect a change in the registered of been notified in writing of this change.	in this capacity, the proper and complete performance position as registered agent. Or, if this fice address, I hereby confirm that the		
Septemb	er 10, 2006		
· of Registered Agent)	(Date)		
an entity:			
Name)			
* * * FILING FEE: \$35.00 * *	*		

'ECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314