P02000063742

(Requestor's Name) (Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT • MAIL
(Business Entity Name)
(Dusiness Entry Name)
(5)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800081940888

12/05/06--01003--008 **35.00

SEGRETARY OF STATE

PO Chg



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 20, 2006

Alice McCall AJM Quest, Inc. 755 Grand Blvd., #B 105-162 Miramar Beach, FL 32550

SUBJECT: AJM QUEST, INC. Ref. Number: P02000063742

We have received your document for AJM QUEST, INC.. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The fee to file your document is \$35.

Please return a copy of this letter along with your document to ensure proper handling.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6901.

Susan Payne Senior Section Administrator

Letter Number: 306A00067482

06 0EC -1 M 8: 00

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: AJM QUEST INC. (Name of Corporation)	
DOCUMENT NUMBER: <u>P0200063742</u>	
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:	
·	
ALICE McCall	
ALICE McCALL (Name of Contact Person)	
ATM QUEST INC. (Firm/Company)	
(Firm/Company)	
755 GRAND BLVD # B 105-162	
(Address)	
· · · · · · · · · · · · · · · · · · ·	
MIRAMAR BEACH, FL 32550 (City/State and Zip Code)	
(Ct.), Ct	
For further information concerning this matter, please call:	
81 FF WGCa., 4.850 525-5496	
ALIEE McCALL at (850) 585-5496 (Name of Contact Person) (Area Code & Daytime Telephone Number	r)
T	
Entitosed is a \$35.00 check made payable to the Department of State.	
Mailing Address: Street Address:	
Mailing Address: Amendment Section Street Address: Amendment Section	
Amendment Section Amendment Section Division of Corporations Division of Corporations	
P.O. Box 6327 Clifton Building	
Tallahassee, FL 32314 2661 Executive Center Circle	
Tallahassee, FL 32301	

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORBORATIONS

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 in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: AJM QUEST INC.
2. The principal office address: 755 GRAND BLVD #B 105-162,
MIRAMAR BEACH, FL 32550
3. The mailing address (if different):
4. Date of incorporation/qualification: 06/07/02 Document number: P0200063742
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
ALICE J MCCALL
156 MASTERS CT
SANTA ROSA BEAUL, FL 32459
6. The name and street address of the new registered agent (if changed) and /or registered officer (if changed):
ALICE J MCCALL PS :
755 GRAND BLVD, UNIT B 105-162 P.T (P.O. Box NOT acceptable)
MIRAMAR BEACH, FL 32550
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) ALice McCell Dissipant (Printed or typed name) and typed name)
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.
Sue McCael 11-10-6 (Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name)

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