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C LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: AMERI HR, Inc. Name of Corporation
DOCUMENT NUMBER: PO200104676
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:
Audrey Steavens Name of Contact Person AM ERI HR, INC Firm/Company
705 NE 24 AVENUE
Pompano Beach, FL 33062 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Audrey Steavens at (305) 772-3867 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

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

statement of chan	ge is submitted f	ons 607.0502, 617 or a corporation o istered office or re	rganized und	der the laws o	f the State of _	Florida
1. The name of th	e corporation:	Ameri 1	4R, I	nc		<u> </u>
2. The principal o	ffice address:	705 / Pompano				
3. The mailing ad	dress (if differen	•				
4. Date of incorpo	oration/qualificat	ion: <u>3 -2-</u>	2005 D	ocument num	ber: Poa	2.00010467
		the current register resigned, enter re		d registered of	ffice on file wi	ith the
_		Audrey	Stear	ens		a
	/	Audrey 1531 SE	125	treet		16 MAY
- -		Deerfiel.	Bea	ch, FL	3344)	6- AU
6. The name and : (if changed):	street address of	the new registered	agent (if ch	anged) and /or	r registered off	fice on the state of the state
_		Audrey	5 tear	rens		50 34
_		705 N	IE 24	+ Aven	ve	
		705 A POMPAR	NOT acceptable		7 2201	7
-						
The street address as changed will be	s of its registere e identical.	d office and the st	reet address	of the busine	ess office of its	s registered agent,
		esolution duly add orporation has bee				officer so
Audison	Seane,	or		AUPRE Printed or 1	typed name and titl	TOVEN'S
I further agree to performance of n	comply with the av duties, and I d	as registered ager e provisions of all im familiar with a ing filed merely to on has been notif	statutes rela and accept th	ative to the pr ne obligation (oper and com of my position	plete i as registered e address, I
andray	Steamon	1		5/3	3/16	
		ent			Date	
If signing on beh						
Andrey S. Typ	ed or Printed Name					

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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