

PO30000328/3

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

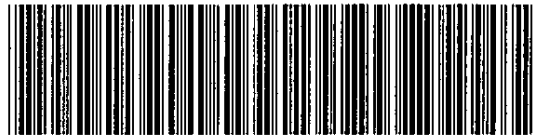
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TALLAHASSEE, FLORIDA

PA Change

6/9/09

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AMERILoss PUBLIC ADJUSTING, CORP.
Name of Corporation

DOCUMENT NUMBER: P 03 000032813

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:

SANDRA CORZO
Name of Contact Person

AMERILoss PUBLIC ADJUSTING, CORP.
Firm/Company

1440 J.F. KENNEDY CAUSEWAY, SUITE 201
Address

NORTH BAY VILLAGE, FL 33141
City/State and Zip Code

ameriloss@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SANDRA CORZO at (305) 993-4445
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**

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: AMERILISS PUBLIC ADJUSTING CORP.
2. The principal office address: 1440 J.F. KENNEDY CAUSEWAY, SUITE 201,
NORTH BAY VILLAGE, FL 33141
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 3/18/2003 Document number: P03000032813

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)

TODD J. SHALACK
1440 J.F. KENNEDY CAUSEWAY, SUITE 2010
NORTH BAY VILLAGE, FL 33141

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

TODD J. SHALACK
1440 J.F. KENNEDY CAUSEWAY, SUITE #201
NORTH BAY VILLAGE, FL 33141

P.O. Box NOT acceptable

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.

Todd Shalack
Signature of an officer or director

TODD SHALACK
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.

Todd Shalack
Signature of Registered Agent

05/23/09
Date

If signing on behalf of an entity:

TODD SHALACK
Typed or Printed Name

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

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