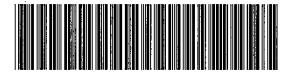
Po300083336

(Re	equestor's Name)	
(Ac	idress)	
(Ac	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



200082631522

12/21/06--01006--027 **35.00

Phry

SSEE, FLORIDA

06 DEC 21 PM 3: 0

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: A.M.S.T. IW. (Name of Corporation)
(Name of Corporation)
DOCUMENT NUMBER: Po3000 83234
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:
(Name of Contact Person)
(Name of Contact Person)
1
A.M. S. I. INC. (Firm/Company)
(Time company)
2020 W. FAIEBANKS Ave. Ste 102
(real cost)
Winter Pank FU 32-789 (City/State and Zip Code)
For further information concerning this matter, please call:
•
Adolfo Palacios or Jackie Rainey at (407) 647-2674 (Name of Contact Person) (Area Code & Daytime Telephone Number)
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Department of State.

Street Address: Amendment Section

Clifton Building

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Mailing Address:
Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

CR2E045 (8/05)

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

Presumit 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: A.M. S.I. TWC.
2. The principal office address: 2020 W. FAIR banks Ave Ste 102 Winter PARK, Fr. 32789
3. The mailing address (if different): P. D. Box 378 CLARCONA, FC 32710
, · · · · · · · · · · · · · · · · · · ·
4. Date of incorporation/qualification: 1/30/2003 Document number: Po3000083234
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Adolfo Palacios (Register Agent) 8104 Solly DV. Delando, Fe 32818 Office 35 W. Pine St Ste 228 Delando, Fe 32801
Office 35 w. Pine St Ste 228 Defendo te 32801
6. The name and street address of the new registered agent (if changed) and /or registered office of the changed): Office 2026 W. Fairbanks Ave Ste 102. FLORED STATES OF STATE
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.
Jackie I. Rainey Most 100% owner (Signature of an officer or director) Jackie I. Rainey Most 100% owner (Printed or typid name and title)
I heleby 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 movely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
12/18/06 (Date)
If signing on behalf of an entity:
JACKIE J. KAINEY (Typed 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 * * *