

PO4 000069853

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

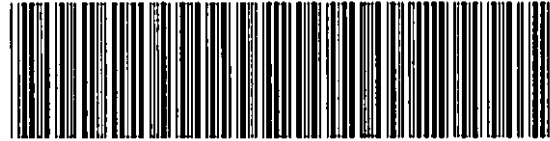
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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 15, 2022

EILEEN AMSPOKER  
9826 SW 75TH WAY  
GAINESVILLE, FL 32608

SUBJECT: AMSPOKER SERVICES CORPORATION  
Ref. Number: P04000069853

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

EITHER COMPLETE THE REGISTERED AGENT CHANGE FORM OR THE ARTICLES OF AMENDMENT AS WHICHEVER FORM IS SELECTED TO BE FILED MUST BE COMPLETED AND SUBMITTED FOR FILING TO MAKE THE CHANGES YOU WISH TO MAKE.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell  
Regulatory Specialist II Supervisor

Letter Number: 922A00020632

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**COVER LETTER**

TO: Amendment Section  
Division of Corporations

AMSPOKER SERVICES CORPORATION

NAME OF CORPORATION: \_\_\_\_\_

DOCUMENT NUMBER: P04000069853

The enclosed ~~Articles of Amendment~~ **BA CHANGE** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

EILEEN AMSPOKER

\_\_\_\_\_  
Name of Contact Person

AMSPOKER SERVICES CORPORATION'

\_\_\_\_\_  
Firm/ Company

9826 SW 75<sup>TH</sup> WAY

\_\_\_\_\_  
Address

GAINESVILLE, FLORIDA 32608

\_\_\_\_\_  
City/ State and Zip Code

RAMSPOKER@ATT.NET

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EILEEN AMSPOKER

at (

352 ) 495-3982

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☐ \$52.50 Filing Fee  
Certificate of Status  
Certified Copy  
(Additional Copy  
is enclosed)

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: AMSPOKER SERVICES CORPORATION
2. The principal office address: 9826 SW 75TH WAY  
GAINESVILLE, FL 32608
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 4/26/2004 Document number: P04000069853
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)

THOMAS A DANIEL, ATTORNEY  
623 NORTH MAIN STREET  
GAINESVILLE, FL 32601 **RESIGNED**

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

JEFFREY L. AMSPOKER  
2459 SE 35TH STREET  
OCALA, FL 34471

P.O. Box NOT acceptable

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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.

Ronald L. Amspoker  
Signature of an officer or director

RONALD L. AMSPOKER, CHAIRMAN  
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.

[Signature]  
Signature of Registered Agent

SEPT 30, 2022  
Date

If signing on behalf of an entity:

Ronald L. Amspoker  
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  
CR2E045 (04/13)