

P04000073354

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

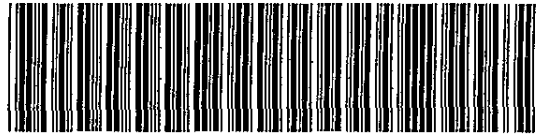
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/18/04--01017--023 **70.00

T. Lewis

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RA Chg.

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HURRICANE HOTLINE INC
(Name of corporation)

DOCUMENT NUMBER: P04000073354

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

RONALD GOLBIN
(Name of person)

HURRICANE HOTLINE INC
(Name of firm/company)

750 E. GANNON RD BLDG. 4 BAY 7
(Address)

POMPAN0 BEACH. FL 33064
(City/state and zip code)

For further information concerning this matter, please call:

GLORIA FLEMING at (954) 295-8654
(Name of person) (Area code & daytime telephone number)
CJAKAB

Enclosed is a check for the following amount:

☐ \$35.00 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
409 E. Gaines Street
Tallahassee, FL 32399

PAID

Sep 20 04 10:51a Gloria Fleming

954-975-7835

FILED
04 SEP 20 11:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Persons in the provisions of sections 607.0302, 617.0302, 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: AMERICAN HOTLINE INC.
2. The principal office address: 750 E. SAMPLE RD Bldg 4 Bay 7
POMPANO BEACH FL 33064
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: _____ Document number: _____
5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State:
MICHAEL F. FLEMING
750 E. SAMPLE RD Bldg 4 Bay 7
POMPANO BEACH FL 33064
6. The name and street address of the new registered agent (if changed) and his registered office
(if changed):
RONALD GOLBIN

(P.O. Box NOT accepted)

The street address of its registered office and the street address of the business office of its registered agent,
as changed, will be _____

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.

Michael Fleming MICHAEL FLEMING
(Signature of Registered Agent) (Print or Operative's 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 the 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 effect a change in the registered office address, I hereby confirm that the
corporation has been notified in writing of this change.

Ronald Golbin
(Signature of Registered Agent)

9/20/04
(Date)

If signing on behalf of an entity:

RONALD GOLBIN
(Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6323, TALLAHASSEE, FL 32314