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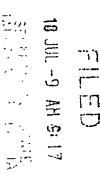
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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: AMERI PROPERTY MAN	NAGEMENT, INC.
Name of Cor	poration
DOCUMENT NUMBER: P04000141331	
The enclosed Statement of Change of Registered Office/a	
Please return all correspondence concerning this matter to	o the following:
MILTON MOR	RENO
Name of Conta	
Firm/Com	pany
12555 ORANGE DR	IVE SUITE 4062
Address	
DAVIE, FL 33330	
City/State and	Zip Code
lasstechn@gmail.co	om
E-mail address: (to be used for futi	
· ·	•
For further information concerning this matter, please cal	I:
MILTON MORENO	
Name of Contact Person	at () Area Code & Daytime Telephone Number
	,
Enclosed is a \$35.00 check made payable to the Departm	ent of State.
Mailing Address:	Street Address:
Amendment Section Division of Corporations	Amendment Section Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of FLORIDA
	er to change its registered office or registered agent, or both, in the State of Florida.
	the corporation: AMERI PROPERTY MANAGEMENT, INC office address: 12555 ORANGE DRIVE SUITE 4062 DAVIE, FL 33330
3. The mailing a	address (if different):
4. Date of incorp	poration/qualification: 11/27/2007 Document number: P04000141331
	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)
	MILTON MORENO
	9900 STIRLING ROAD SUITE 219
	COOPER CITY, FL 33024
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office
	MILTON MORENO
	12555 ORANGE DRIVE SUITE 4062
	DAVIE, FL 33330
	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by	e authorized by resolution duly adopted by its board of directors or by an officer so board, or the corporation has been notified in writing of the change.
V¢	MILTON MORENO Printed or typed name and title
I hereby accept I further agree t performance of agent. Or, if this hereby confirm	the appointment as registered agent and agree to act in this capacity. (a comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address. I that the corporation has been notified in writing of this change.
	nature of Registered Agent Onle
	half of an entity:
MILTON MO	
	ped or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
15 (03/12)

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