P04000170731

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(44),-1111-1,
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
İ

Office Use Only



100074067381

05/09/06--01036--006 **35.00



RAChg.

18/16

COVER LETTER

IO: Amendment Section Division of Corporations
SUBJECT: AMERICAN VENOING CO., TAC. (Name of Corporation)
DOCUMENT NUMBER: P04000170731
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:
TROY C. DUFF (Name of Contact Person)
(Name of Contact Person)
AMERICAN VENDING Co., INC.
755 HARBOR WAY (Address)
PALM HARBOR, FL 34683-3322 (City/State and Zip Code)
For further information concerning this matter, please call:
TROY C. DUFF at (727) 781-1465 (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 FLORIOH in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: AMERICAN VENOING Co., INC.
2. The principal office address: 755 HARBOR WAY
PALM HARBOR FL 34683-3322
3. The mailing address (if different):
4. Date of incorporation/qualification: 12/22/2004 Document number: P04000170731
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
CORPORATION SERVICE COMPANY
IZOI HAYS STREET
TAWAHASSEE FL 32301
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
6. The name and street address of the new registered agent (if changed) and for registered office (if changed): TROY C. DUFF
7 1/00-0 1/11
(P.O. Box NOT acceptable)
PARM HARBOR, FL 34683-3322
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.
(Signature of an officer or director) TROY COFF DIRECTOR (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 of Registered Agent) MAY 1 2000 (Date)
If signing on behalf of an entity:
(Typed or Printed Name)

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

CR2E045 (8/05)

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