## PO500021431

(Red	questor's Name)	
(Add	lress)	
(Add	dress)	
(City	//State/Zip/Phone	÷#)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	





900074881189

05/25/06--01025--014 \*\*35.00

Klimas

O6 HAY 25 PH 12: 44
SECHLIANY OF STATE

## **COVER LETTER**

Division of Corporations
SUBJECT: ASMT, INC. (Name of Corporation)
DOCUMENT NUMBER: P0500001431
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:
Myela M Tendler (Name of Contact Person)
ASMT, The (Firm/Company)
260 SE 3 MAVE (Address)
DOMPAND Black, FZ 33060 (City/State and Zip Code)
For further information concerning this matter, please call:  A WILL M TUNELLY at (994) 818-03/7 (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

11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
statement of change is submitted for a corporation organized under the laws of the State of <u>FROND U</u> in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation:
2. The principal office address: 200 St Syaryue
pompano Blach, FC 33060
3. The mailing address (if different):
4. Date of incorporation/qualification: $3/8/05$ Document number: $9050003/43/$
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Angela S. Mannina
260SF2RAVE
Dompano Beach, PZ 33060 3 -
V · · ·
6. The name and street address of the new registered agent (if changed) and /or registered office of the changed):  Angela M. Tendler  On the changed of the new registered agent (if changed) and /or registered office of the changed of the changed of the new registered agent (if changed) and /or registered office of the changed of the new registered agent (if changed) and /or registered office of the changed of the new registered agent (if changed) and /or registered office of the changed of the c
(P.O. Box NOT acceptable)
pompano Beach, FC 33060
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)  Application (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) 5/16/6 (Date)
If signing on behalf of an entity:
Appla M. Tendler (Typed or Printed Name)

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