## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

: (850)617-6380 Fax Number

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I2000000195 (850) 521-1000 Phone

(850) 558-1515

\*\*Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.

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## REGISTERED AGENT CHANGE AMCAT GLOBAL INC.

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Certificate of Status	0			
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Corporate Filing Menu



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

		7.0502, 607.1508, or 617.1508, Florida Statute. organized under the laws of the State of Florida		
		egistered agent, or both, in the State of Florida.		
1. The name of	the corporation: AMCAT GLOBAL I	INC.		
7108 Burns S	st., Richland Hills, TX 76118			
3. The mailing a	address (if different):			_
4. Date of incorp		Document number: P05000047599	<b>芦荟 3</b>	_
5. The name and	•	red agent and registered office on file with the	AHASS	77
	Corpdirect Agents, Inc.	j		η
	515 East Park Avenue		PH 3:	כ
	Tallahassee, FL 32301		1 G	
6. The name and (if changed):	i street address of the new registered	agent (if changed) and /or registered office		
	Corporation Service Company			
	1201 Hays Street			
	(P.O. Box NOT acce	ptable)		
	Tallahassee, FL 32301	·		
The street addre	ess of its registered office and the st be identical.	treet address of the business office of its regis	tered agent,	
Such change wa authorized by th	as authorized by resolution duly add ne board, or the corporation has bee	opted by its board of directors or by an office in notified in writing of the change.	r 80	
DUM	ia My	Blanca Lozada, Attorney in Fact		
I hereby accept I further agree to of my duties, an document is beil corporation has	the appointment as expistered agento comply with the provisions of all d I am familiar with and accept the nog filed merely to reflect a change of the notified in writing of this characteristics. Service Company	(Printed or typed name and title)  It and agree to act in this capacity, statules relative to the proper and complete p to obligation of my position as registered agen in the registered office address, I hereby conf ange.	verformance t. Or, if this irm that the	
By:	-100	June 8, 2010		
(SIE	gnature of Registered Agent)	(Date)	<del></del>	
If signing on be	half of an entity:			
	wson, Asst. Vice President			
<u></u>	yped or Printed Name)			
	* * * CIT INC	2 BBB- 435 AA * * *		

Make checks payable to Florida Department of State.
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (8/05)