

POS 000084145

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

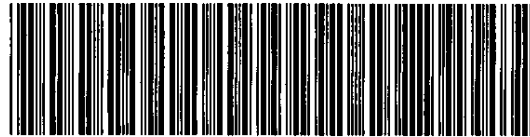
(Business Entity Name)

(Document Number)

*Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 08 2014

C. CARROTHERS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: A & M Pawn Management, Inc.
Name of Corporation

DOCUMENT NUMBER: P05000084145

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:

Phil Iovino

Name of Contact Person

A&M Pawn Management, Inc.

Firm/Company

7561 49th St N

Address

Pinellas Park, FL 33781

City/State and Zip Code

piovino@pawnshopmgmt.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carolyn Karn

Name of Contact Person

at (727) 803-6820

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 Florida _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: A&M Pawn Management, Inc. dba Pawn Max
2. The principal office address: 2868 N SR 7, Lauderdale Lakes, FL 33313
3. The mailing address (if different): 1430 E Fowler Ave, Tampa, FL 33612
4. Date of incorporation/qualification: _____ Document number: P05000084145

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Phil Iovino

1038 Greywood Ave

Tarpon Springs, FL 34689

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Phil Iovino

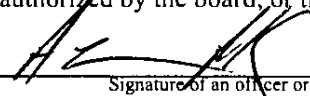
3101 Evewood Ct

P.O. Box NOT acceptable

Holiday, FL 34690

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

Adrian Polk, 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

8/25/14
Date

If signing on behalf of an entity:

Phil Iovino

Typed or Printed Name

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