

P05000128459

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

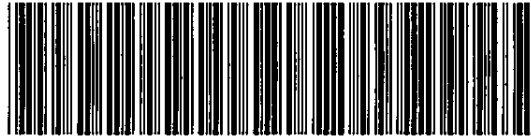
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800105845738

07/12/07--01023--017 \*\*35.00

FILED  
07 JUL 12 PM 3:45  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

TS

TS  
7/16/07

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Ample Solutions, Inc  
(Name of Corporation)

**DOCUMENT NUMBER:** P 05000128459

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:

Peter Schmuck  
(Name of Contact Person)

Ample Solutions, Inc, 7502 San Gabriel Lane  
(Firm/Company)

Ample, 7502 San Gabi  
(Address)

Vapeles, FL 34109  
(City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Contact Person) at ( 239 ) 594-6898  
(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  
Citron 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: Ample Solutions
- 2. The principal office address: 3235 Lacosta Circle #205  
Naples, FL 34109
- 3. The mailing address (if different): \_\_\_\_\_
- 4. Date of incorporation/qualification: 9-21-2005 Document number: P05000128459

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Peter Schumck  
7502 San Gabriel Lane  
Naples, FL 34109

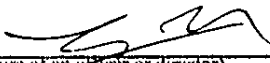
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Stefan Zigo  
3235 Lacosta Circle #205  
(P.O. Box NOT acceptable)  
Naples, FL 34109

FILED  
07 JUL 12 PM 3:45  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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)

Peter Schumck, President  
(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)

7-9-07  
(Date)

If signing on behalf of an entity:  
  
\_\_\_\_\_  
(Typed or Printed Name)

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