## P05000142888

•		
(Re	equestor's Name)	
(Ac	ldress)	
(Ad	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL MAIL
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## **COVER LETTER**

TO: Amendmer Division of	nt Section Corporations	·		
SUBJECT: ACCOUNT MANAGEMENT SYSTEMS  Name of Corporation				
DOCUMENT NU	MBER: P050	000142888		
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:				
	DAVID A	CATLIN		
•	Name of Cor	ntact Person		
ACCOUNT MANAGEMENT SYSTEMS Firm/Company				
	rinince	mpany		
	12121 LITTLE	RD STE 306		
	Add			
	HUDSON FLO	ORIDA 33667		
	City/State ar	nd Zip Code		
	andvc@amso			
andyc@amscollects.com  E-mail address: (to be used for future annual report notification)				
For further informa	tion concerning this matter, please of	all:		
Г	AVID A CATLIN	727 \ 861 2000		
	ne of Contact Person	at ( 727 ) 861 2000 Area Code & Daytime Telephone Number		
Enclosed is a \$35.00 check made payable to the Department of State.				
Enclosed is a \$55.0	o check made payable to the Depart	ment 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		

· TO:

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

	provisions of sections 607.0302, 617.0302, 607.1308, or 617.1308, Florida St	
	nge is submitted for a corporation organized under the laws of the State of $\frac{F}{F}$	
ELA in order	r to change its registered office or registered agent, or both, in the State of Flo	orida. J 9 al
1. The name of t	the corporation: TCOULT MANAGE	MENT SYST
2. The principal	office address: 12/2/ hit FRD	2 # 366
3. The mailing a	ddress (if different):	
		······································
4. Date of incorp	poration/qualification: 10 /19/2005 Document number: Po	888
	I street address of the current registered agent and registered office on file with timent of State: (If resigned, enter resigned)	うって
	DARRIN MISH	<b>一种中国</b>
	1008 EDISON AVE	STA 5.
	TAMPA FL 33606	<b>2</b>
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	ce
	DAVID A CATLIN	
	12121 LITTLE RD STE 306	
	P O. Box NOT acceptable	
	HUDSON FLORIDA 33667	
The street addre	ess of its registered office and the street address of the business office of its be identical.	registered agent,
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an the board, or the corporation has been notified in writing of the change.	officer so
Signatur	re of an officer or director  Printed or typed name and titl	in MES
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and coming I am familiar with and accept the obligation of my position as registered ing filed merely to reflect a change in the registered office address, I hereby seen notified in writing of this change.	plete performance l agent. Or, if this y confirm that the
Sig	PA Catabo 9-12- anature of Registered Agent Date	2010
If signing on be	chalf of an entity:	
-DG	1 CA+lia	
l;	yped or Printed Name	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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