

PO6000088490

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7 JUL -5 2007



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 20, 2007

~~JAMES DISTEFANO~~ *AMERICAN*
AMERICAN MARKETING ADVISORS, INC.
4812 S CENTRAL BLVD #15
JUPITER, FL 33458

SUBJECT: AMERICAN MARKETING ADVISORS, INC.
Ref. Number: P06000088490

We have received your document for AMERICAN MARKETING ADVISORS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts
Document Specialist

Letter Number: 707A00040954

*PLEASE FIND Amended
copy*

702 866 2689

AH. Phillip

Fax to 581 832 9611

RECEIVED
07 JUL -5 AM 8:00
DIVISION OF CORPORATIONS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AMERICAN MARKETING ADVISORS INC
(Name of Corporation)

DOCUMENT NUMBER: PC6 0000 88 490

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:

JAMES DISTEFANO
(Name of Contact Person)

AMERICAN MARKETING ADVISORS
(Firm/Company)

4812 S CENTRAL BLVD #15
(Address)

JUPITER, FL 33458
(City/State and Zip Code)

For further information concerning this matter, please call:

JAMES DISTEFANO at (561) 951 9505
(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**

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: AMERICAN MARKETING ADVISORS, INC.
2. The principal office address: 4812 S CENTRAL BLVD UNIT 13
JUPITER, FL 33458 • 780 S. JAPODILLA - Unit 105
3. The mailing address (if different): P.O. BOX 2053 WEST PALM BEACH 33401
PALM BEACH, FL 33480
4. Date of incorporation/qualification: 6-30-06 Document number: P06000088490
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301

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

INCOPI SERVICES, INC.
17898 67th COURT NORTH
(P.O. Box NOT acceptable)
HOXAHATCHEE, FL 33470, COUNTY MONROE

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]
(Signature of an officer or director)

JAME DISTEFANO
(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.

Ian Eastmond on behalf
of INCOPI SERVICES, INC.
(Signature of Registered Agent)

6-11-07
(Date)

If signing on behalf of an entity:

Ian Eastmond on behalf of Incorp Services, Inc.
(Typed or Printed name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E043 (8/05)

800 446 2677

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07 JUL -5 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA