## P06000121027

(Requestor's Name)				
Carmel Hohmann American Danatron, Inc. 3109 E 4th Ave Tampa, FL 33605				
(Address)				
City/State Min/Dhana 40				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
, , , , , , , , , , , , , , , , , , ,				
(Document Number)				
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ALLAHASSEF, FLORID.

& RA

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

	-	02, 607.1508, or 617.1508, Florida Statutes nized under the laws of the State of _Florida	
		tered agent, or both, in the State of Florida.	
1. The name of	f the corporation: American Danatron, Inc.		
2. The principa	al office address: 3109 E 4th Ave, Tampa I	FL 33605	
3. The mailing	address (if different):		
4. Date of inco	rporation/qualification: September 20, 2	006 Document number: P06000121027	
	nd street address of the current registered a artment of State:	agent and registered office on file with the	
	Carmel Hohmann		
	3019 East 4th Ave		
	Tampa, FL 33605		06 OCT 26 SÉCRETARY ALLAHASSE
6. The name ar (if changed)	nd street address of the new registered age:	ent (if changed) and /or registered office	111
	Carmel Hohmann	<del></del>	AM II: 1 Of Stai
A *+4	3109 East 4th Ave	A	MII: 19 F STATE FLORIDA
	(P.O. Box NOT acceptable	· .	
The street add as changed wi	ress of its registered office and the stree	t address of the business office of its regis	tered agent,
Such change vauthorized by	vas authorized by resolution duly adopte the board, or the corporation has been n	ed by its board of directors or by an office otified in writing of the change.	r so
(Signa	ature of an officer or director)	Carmel Hohmann (Printed or typed name and title)	•
I hereby accept further agree of my duties, a document is be corporation he	ot the appointment as registered agent a e to comply with the provisions of all sta and I am familiar with and accept the ob eing filed merely to reflect a change in t as been notified in writing of this change	nd agree to act in this capacity. tutes relative to the proper and complete p ligation of my position as registered agen he registered office address, I hereby conf e.	performance t. Or, if this firm that the
(Ve	Signature of Registered Agent)	Carmel Hohmann (Date)	
•	pehalf of an entity:	. (Date)	
	(Typed or Printed Name)	* * *	
	(.) bee or runned runnel		

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