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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Samuel & David American, INC  
(Name of Corporation)

**DOCUMENT NUMBER:** P 07000015171

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:

O. Mikhail  
(Name of Contact Person)

Samuel & David American, Inc.  
(Firm/Company)

P. O. Box 196868  
(Address)

Winter Springs, FL 32719  
(City/State and Zip Code)

For further information concerning this matter, please call:

O. Mikhail at 407 9277088  
(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

