

PD80000025965

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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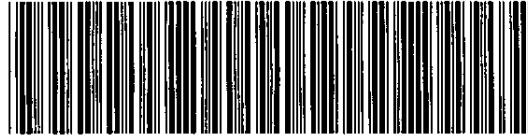
(Business Entity Name)

(Document Number)

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TO: Amendment Section
Division of Corporations

SUBJECT: Change of Resident Agent
Name of Corporation

DOCUMENT NUMBER: P08000025965

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:

John T Miller

Name of Contact Person

AM Data Service, Inc

Firm/Company

33133 Schoolcraft Rd

Address

Livonia, Mi. 48150

City/State and Zip Code

john.miller@amdataservice.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Miller

Name of Contact Person

at (734) 744-5500

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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: AM Data Service, In.
2. The principal office address: 33133 Schoolcraft Dr.
Livonia, Mi. 48150
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 03/11/2008 Document number: P08000025965

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Krystian Lagowski (resigned)

2721 Park Royal Dr.

Windermere, FL 34786

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

John Lagowski

3226 W. ~~Haratio~~ Horatio St.

P.O. Box NOT acceptable

Tampa, FL 33609

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

John T. Milller, Vice 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

05-20-2015
Date

If signing on behalf of an entity:

JOHN LAGOWSKI
Typed or Printed Name

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