P08000106764

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



400144924054

03/11/09--01022--017 **35.00

2009 MAR II PM 2:51
SECRETARY OF STATE
FALLAHASSEE ET CONT

R.A.

TB 3/12/09

COVER LETTER

Division of Corporations
SUBJECT: AMY W, INC. (Name of Corporation)
DOCUMENT NUMBER: PO800106764
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:
(Name of Contact Person)
AMY N, INC. (Firm/Company)
(Firm/Company)
Po Box 500303 (Address)
(Address)
Marathon, Pl 33050 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (305) 289-0827 (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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida ange is submitted for a corporation organized under the laws of the State of er to change its registered office or registered agent, or both, in the State of	Mort	. /
1. The name of t	the corporation: AMY NINC.		
2. The principal			·
	Morathon, Fl 33050		
3. The mailing a	address (if different): PO BOX 500303		
	Marathon Fl 33050		_
4. Date of incorp	poration/qualification: 13/8/08 Document number: Po 8	30 <i>0</i> 0/067	64
	d street address of the current registered agent and registered office on file wartment of State: (If resigned, enter resigned)	vith the	
	William Hauck		
	79786 0.5. HWY	LAL 191	ر م
	75/a. F/ 33036	SECRETI ALLAHA	T
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered of William Havde 5 Sambrero Blud (P.O Box NOT acceptable)	OF STA	
	Marathon, Kl 33050		
The street addre	ress of its registered office and the street address of the business office of l be identical.	its registered	agent,
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by a he board, or the corporation has been notified in writing of the change.	in officer so	
Signatu	(Villian Hacture of an officer or director) (Printed or typed name and	uli	
	t 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 cond I am familiar with and accept the obligation of my position as registering filed merely to reflect a change in the registered office address, I here is been notified in writing of this change.		rmance r if this hat the
(Sig	ignature of Registered Agent) (Date)		
We	ehalf of an entity:		
Γ)	Typed or Printed Name)		

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