P10000038143

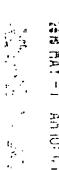
(Red	questor's Name)	-
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(00)	cument Number)	
(50.	odinent ivallibery	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	-
		:





500328299595

Q\$/01/19--01015--008 →#35.00



MAY 1 3 2019

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: AMH DESIGN WYP. Name of Corporation	
DOCUMENT NUMBER: P10000038143	· ",
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:	
Andrea Meta U Name of Contact Person	
AMH DESIGNS WYP.	
2697 Edgewater Ct Address	_
Weshin, FL 33332 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Contact Person at (786, 70972) Area Code & Daytime Telep	phone Number
Enclosed is a \$35.00 check made payable to the Department of State.	
Mailing Address. Street Address.	

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 Floridain order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: AMH D281911S, CDYP
2. The principal office address: 2697 Edgewater (+ W2) Wn FL 33332
3. The mailing address (if different):
4. Date of incorporation/qualification: 05/03/2010 Document number: P10000038/143
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)
Andrea Mejia - 480 No 30st Apt 1003 Miami, FL 33137
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): 26.97 Edywater Ct Western Fro. Box NOT acceptable
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 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 Date
If signing on behalf of an entity:
Andrea mejia
Typed or Printed Name

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