

P10000039631

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

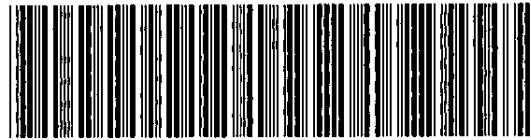
(Business Entity Name)

(Document Number)

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*L.A. Chong*  
C.COULLETTE

JUL 14 2011

EXAMINER

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** AMERITRANZ, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P10000039631

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOSEPH KAAA

(Name of Person)

(Name of Firm/Company)

11601 GROVE ARCADE DR.

(Address)

RIVERVIEW FL 33569

(City/State and Zip Code)

For further information concerning this matter, please call:

JOSEPH KAAA

(Name of Person)

at ( )

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address:**

Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

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

1. The name of the corporation: AMERITRANZ, INC.
2. The principal office address: 704 REDONDO DR BRANDON FL 33511
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 5/7/2010 Document number: P10000039631
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)

MARK OSTROWSKI

11142 CREEK HAVEN DR.

RIVERVIEW, FL 33569

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

JOSEPH KAAA

11601 GROVE ARCADE DR.

P.O. Box NOT acceptable

RIVERVIEW, FL 33569

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.

Joseph P. Z. Smith  
Signature of an officer or director

JOSEPH KAAA  
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.*

Joseph P. Z. Smith  
Signature of Registered Agent

6/17/2011  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)

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