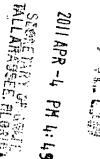
(Requestor's Name)	
(Address)	00019978
(Address)	00019970
(City/State/Zip/Phone #)	04/04/110101
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	GENERAL STATE OF STAT
(1 Charles

Office Use Only



9490

4--009 **35.00



COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: An	nericas Technologies Name of	Solutions Corpora Corporation	tion	
DOCUMENT NUMB	er:P1(000060893		
The enclosed Statemen	t of Change of Registered Offic	ce/Agent and fee are sub	mitted for filing.	
Please return all correspondence concerning this matter to the following:				
		/ D. Rea ontact Person	····	
National Registered Agents, Inc.				
Firm/Company				
11600 College Blvd, Suite 210 Address				
Overland Park, KS 66210 City/State and Zip Code				
info@nrai.com				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
	ndy D. Rea	at (800)	550-6724 ytime Telephone Number	
Name of	Contact Person	Area Code & Day	ytime 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 Division of C Clifton Build 2661 Execut	Section Corporations	

Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of char	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Sta Inge is submitted for a corporation organized under the laws of the State of Fl To change its registered office or registered agent, or both, in the State of Flo	orida
	the corporation: Americas Technologies Solutions Corporation	
2. The principal	office address: 515 EAST PARK AVENUE	
Tallahasse	e, FL 32301	
3. The mailing ac	ddress (if different):	
4. Date of incorp	oration/qualification: 07/23/2010 Document number: P1	0000060893
	street address of the current registered agent and registered office on file with ment of State: (If resigned, enter resigned)	the
	FINCH, JOSEPH	
	384 SE ROGERS COURT	201 SE
,	STUART FL 34994	OH APR
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered offic	
	NRAI Services, Inc.	हैं। अस्ति अस्ति मिन्नी अस्ति अस्ति मिन्नी
	515 East Park Avenue P.O. Box NOT acceptable	5
	Tallahassee, FL 32301	
The street address as changed will h	ss of its registered office and the street address of the business office of its be identical.	registered agent,
	authorized by resolution duly adopted by its board of directors or by an of board, or the copyoration has been notified in writing of the change.	
Signature	of a officer or director DAVEL FINCE Printed or typed name and title	4
I hereby adcept I further derector of my duties, and document is bein corporation has NRAI Service	he appointment as registered agent and agree to act in this capacity. I comply with the provisions of all statutes relative to the proper and comply with the proper and comply amiliar with and accept the obligation of my position as registered a filed merely to reflect a change in the registered office address, I hereby been notified in writing of this change.	lete performance agent. Or, if this confirm that the
hv. IIII	3 30 30 1 Date	_
If signing on beh		
	Rea, Assistant Secretary	

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