| (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



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## **COVER LETTER**

| TO: Amendment Section Division of Corporations  |
|---|
| SUBJECT: Americal Corporation  Name of Corporation  |
| DOCUMENT NUMBER: <i>P11000014921</i>  |
| 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:                     |
| Justin Davenport Name of Contact Person   |
| AMERICO/ COP/ Firm/Company  |
| 3800 HILLCREST DR APT #821Address   |
| Hollywood FL 3302/ 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 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 Florida.  |
|--|
| in order to change its registered office or registered agent, or both, in the State of Florida.  |
| 1. The name of the corporation: AMENICOI COSP  |
| 1. The name of the corporation: AMERICOI COSP  2. The principal office address: 3800 HILLCREST DR API #821 HOLLYWOOD FL 3302,  |
| 3. The mailing address (if different):   |
| 4. Date of incorporation/qualification: 2/11/2011 Document number: P11000014921  |
| 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)  Lina Davenport   |
| 3800 HILLCREST DR APT #821 HOLLYWOOD FL 33021  |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  |
| Ernesto Mesh Perez  111 Sw 9 St Hallandale Beach FL 33009 = Supplemental States of the |
| P.O. Box NOT acceptable  P.O. Box NOT acceptable  P.O. Box NOT acceptable  |
| The street address of its registered office and the street address of the business office of its registered agents 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 of Afrector  Signature of an officer of Afrector  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.   |
| 9/hl. 5-9-2011   |
| Signature of Registered Agent  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