

PI1000024658

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

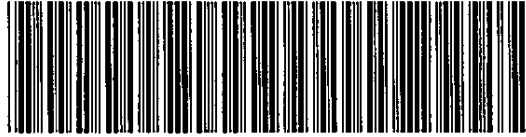
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TALLAHASSEE, FL 32399

Ra Change

SEP 03 2015

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AMERICAN MAUSOLEUMS CORP
Name of Corporation

DOCUMENT NUMBER: P110000024658

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:

BILLY KALIL
Name of Contact Person

AMERICAN MAUSOLEUMS CORP.
Firm/Company

1451 W CYPRESS CREEK RD STE 300
Address

DALE FL 38800
City/State and Zip Code

damericanmausoleums.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BILLY KALIL at (561) 935-9692
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

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SECRETARY
TALLAHASSEE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 7, 2015

BILLY KALIL
AMERICAN MAUSOLEUMS CORP
1451 W. CYPRESS CREEK RD - STE. 300
FT. LAUDERDALE, FL 33309

SUBJECT: AMERICAN MAUSOLEUMS CORP
Ref. Number: P11000024658

We have received your document for AMERICAN MAUSOLEUMS CORP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 115A00016682

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**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: AMERICAN MAUSOLEUMS CORP
2. The principal office address: 1451 W Cypress Creek Rd Ste 300
FT LAUDERDALE FL 33309
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 3/10/2011 Document number: P11000024658
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)

RESIGNED

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

BILLY KALIL
1451 W CYPRESS CREEK RD STE 300
FT LAUDERDALE FL 33309

P.O. Box NOT acceptable

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SECRETARY OF STATE

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

BILLY KALIL - PRESIDENT
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.


Signature of Registered Agent

7/8/15
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