

PI2000022399

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

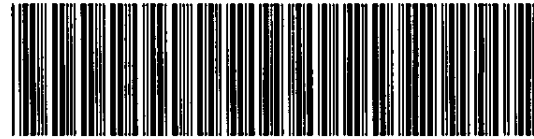
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CA change

12/23/13--01003--009 **35.00

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2013 DEC 23 PM 4:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12/31/13



WILLS, TRUSTS
& ESTATES

Daniel Medina, B.C.S.
Master of Laws in Taxation
Attorney



MEDINA LAW GROUP, P.A.

WILLS • ESTATES • TRUSTS



Lakeland (863) 682-9730
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dan@medinapa.com
www.medinapa.com

December 18, 2013

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Amil Holdings, Inc; Our Matter No.C5-156

Dear Sir or Madam:

In regards to the above referenced matter, enclosed please find the following original and one copy for filing of the:

1. Statement of Change of Registered Agent.

Also, enclosed is our firm's check in the amount of \$35.00 (filing fee). Please return the conformed copy to our office in the enclosed self addressed and postage paid envelope. If you have any questions, please contact our office.

Sincerely,
DANIEL MEDINA, P.A.

By: Nina Shifflett
Nina Shifflett
Assistant to Daniel Medina, B.C.S.

Enclosures (as stated)

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Amil Holdings, Inc.

Name of Corporation

DOCUMENT NUMBER: P12000022399

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:

Daniel Medina

Name of Contact Person

Medina Law Group, P.A.

Firm/Company

402 S. Kentucky Ave., Ste. 660

Address

Lakeland, FL 33801

City/State and Zip Code

dan@medinapa.com

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

For further information concerning this matter, please call:

Daniel Medina

Name of Contact Person

at (863) 682-9730

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: Amil Holdings, Inc.
2. The principal office address: 235 Canterwood Lane
Mulberry, FL 33860
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 3/6/2012 Document number: P12000022399

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)

Ricardo Santander, Esquire

206 Easton Drive

Lakeland, FL 33803

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

Medina Law Group, P.A.

402 S. Kentucky Ave., Ste. 660

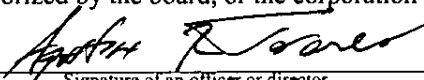
P.O. Box NOT acceptable

Lakeland, FL 33801

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TALLAHASSEE, FLORIDA


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

Agustin R. TAVARES
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

12/11/2013
Date

If signing on behalf of an entity:

Daniel Medina, President
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 (03/12)