

P120000041685

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

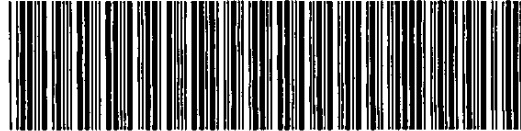
(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Amanda McClellan, Inc.  
Name of Corporation

DOCUMENT NUMBER: P12000041685

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:

Amanda McClellan  
Name of Contact Person

Amanda McClellan, Inc.  
Firm/Company

13503 Cordova Dr.  
Address

Largo, FL 33774  
City/State and Zip Code

mandymae82@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amanda McClellan at ( 727 ) 421-8726  
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: Amanda McClellan, Inc.
2. The principal office address: 11325 110th Ave, Largo, FL 33778
3. The mailing address (if different): Same
4. Date of incorporation/qualification: 5/3/12 Document number: P12000041685
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)

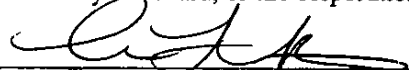
Amanda McClellan  
11325 110th Ave  
Largo, FL 33778

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

Amanda McClellan  
13503 Cordova Dr.  
P.O. Box NOT acceptable  
Largo, FL 33774

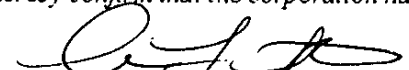
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

Amanda McClellan, 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

8/6/13  
Date

If signing on behalf of an entity:

Amanda McClellan  
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)

FILED  
13 AUG 12 PM 11:40  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA