

P13000002019

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

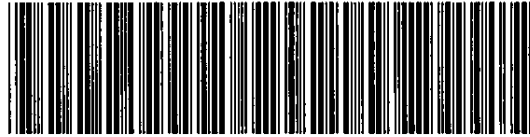
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000288378050

08/01/16--01024--010 \*\*35.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2016 AUG - 1 PM 12:50

AUG 9 2016

C LEWIS

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** American Homeland Realty  
Name of Corporation

**DOCUMENT NUMBER:** P13000002019

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:

Lisa M Rains  
Name of Contact Person

American Homeland Realty  
Firm/Company

304 N. Cove Blvd  
Address

Panama City FL 32401  
City/State and Zip Code

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

For further information concerning this matter, please call:

Lisa Rains at ( 850 ) 527-5000  
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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: American Homeland Realty, Inc.

2. The principal office address: \_\_\_\_\_

3. The mailing address (if different): 304 N. Cove Blvd  
Panama City FL 32401

4. Date of incorporation/qualification: \_\_\_\_\_ Document number: P13000002019

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)

11615 Poston Rd  
Panama City FL 32404

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

304 N. Cove Blvd.  
P.O. Box NOT acceptable  
Panama City FL 32401

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.

Lisa M Rains Pres.  
Signature of an officer or director

Lisa M Rains Pres  
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.*

Lisa M Rains Pres.  
Signature of Registered Agent

July 28 2016  
Date

If signing on behalf of an entity:

Lisa M Rains Pres.  
Typed or Printed Name

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2016 AUG - 1 PM 12:51