P13000028422

(Re	equestor's Name)	·
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Вс	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
	,	

Office Use Only



700257464327

03/27/14--01011--003 **35.00

TALLAPASSEE FORDER

RAPRO Change

T. CARTER

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: American Art Classics, Inc.

Name of Corporation

DOCUMENT NUMBER: P13000028422

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:

Frank Makan

Name of Contact Person

Firm/Company

1627 Wildwood Rd

Address

Clearwater, FL 33756

City/State and Zip Code

americanartclassics@gmail.com

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

For further information concerning this matter, please call:

Frank Makan

,727

683-7400

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statute. Inge is submitted for a corporation organized under the laws of the State of Florids r to change its registered office or registered agent, or both, in the State of Florida	<u> </u>	
1. The name of	the corporation: American Art Classics, Inc.	····	
2. The principal	office address: 1627 Wildwood Rd		
	Clearwater, FL 33756		,
3. The mailing a	ddress (if different):	,	
4. Date of incorp	poration/qualification: 3/28/13 Document number: P13000028	3422	
5. The name and	d street address of the current registered agent and registered office on file with the etment of State: (If resigned, enter resigned)		
	Spiegel & Utrera		
	1840 SW 22nd St, 4th floor		
	Miami, FL 33145	TĂLLY	SECR
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office	ALL/7 1985 14 HAY 27	
	Frank Makan	3	윾
	1627 Wildwood Rd	3: 11	NAIE NAIE
	P.O. Box NOT acceptable Clearwater, FL 33756	כל	*
_	ess of its registered office and the street address of the business office of its regist be identical. as authorized by resolution duly adopted by its board of directors or by an officer ne board, or the corporation has been notified in writing of the change.		
	Frank maken - Pros		
Signatu	re of an officer or director Printed or typed name and title		
performance of	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered office address to the registered office address that the corporation has been notified in writing of this change.	gistered ess, I	
/ ha	2/26/14		
Sig	nature of Registered Agent Date		
If signing on be	half of an entity:		
	yped or Printed Name		

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