

P14000002664

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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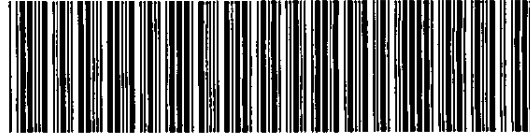
(Business Entity Name)

(Document Number)

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R. White  
AUG 10 2015  
R. WHITE

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** American Mortgage Servicing Solutions Incorporated  
Name of Corporation

**DOCUMENT NUMBER:** P14000002664

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:

Tammie R. Helton

Name of Contact Person

American Mortgage Servicing Solutions Incorporated

Firm/Company

5889 South Williamson Boulevard, Suite 1426

Address

Port Orange, FL 32128

City/State and Zip Code

tammieheltonams@gmail.com

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

For further information concerning this matter, please call:

Tammie R. Helton

Name of Contact Person

at ( 386 ) 481-8578

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: American Mortgage Servicing Solutions Incorporated  
2. The principal office address: 5889 South Williamson Boulevard, Suite 1426, Port Orange, FL 32128

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 01/01/2014 Document number: P14000002664

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)

Tammie R. Helton

1776 Roscoe Turner Trail

Port Orange, FL 32128

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

Tammie R. Helton

5889 South Williamson Boulevard, Suite 1426

P.O. Box NOT acceptable

Port Orange, FL 32128

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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.

Tammie Helton  
Signature of an officer or director

Tammie R. Helton, President/Director  
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.*

Tammie Helton  
Signature of Registered Agent

7/20/15  
Date

If signing on behalf of an entity:

Tammie Helton  
Typed or Printed Name

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