PIUGOWA DALEY

(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:	
\$87.50	

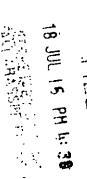
Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: American Mortgage Servicing Solution	ns Inc
(Name of Corporation) DOCUMENT NUMBER: P14000002664	
The enclosed Resignation of Registered Agent for a Corporation and fee ar	e submitted for filing.
Please return all correspondence concerning this matter to the following:	
Tammie Helton (Name of Person)	
American Mortgage Servicing Soltuions Inc (Name of Firm/Company)	
149 S Ridgewood Ave Suite 200 (Address)	
Daytona Beach, FL 32114 (City/State and Zip Code)	
For further information concerning this matter, please call:	
Barbara Pucci at (386) 274-369 (Area Code & Daytime Tele	94 phone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of section	s 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, <u>B</u>	Barbara Pucci
	(Name of Registered Agent)
hereby resigns as Registered Agent f	or American Mortgage Servicing Solutions INCORPORATED
nervey reinging all regularied regent r	(Name of Corporation)
P14000002664	
(Document Number, if known)	
A copy of this resignation was maile	ed to the above listed corporation at its last known address.
The agency is terminated and the off this statement is filed. Say:	Signature of Resigning Agent)
If signing on behalf of an entity:	(Typed or Printed Name)
	(Capacity)

Fee for filing this document:

\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314