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30 Change

COVER LETTER

TO: Amendment Section **Division of Corporations** AM Kelly Services, Inc. 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: Ann Marie Kelly Name of Contact Person AM Kelly Services, Inc. Firm/Company 5585 NW 55 Drive Address Coconut Creek, FI 33073 City/State and Zip Code inapicklewebdesign@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Ann Marie Kelly Name of Contact Person Enclosed is a \$35.00 check made payable to the Department of State. **Mailing Address: Street Address:** Amendment Section Amendment Section **Division of Corporations Division of Corporations**

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

CR2E045 (03/12)

P.O. Box 6327

Tallahassee, FL 32314

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	inge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida \mathfrak{L} organized under the laws of the State of \mathfrak{L} registered agent, or both, in the State of \mathfrak{L}	Florida	his	-
1. The name of	the corporation: AM Kelly Ser	vices, Inc			
2. The principal	office address: 5585 NW 55	Drive, Coconut Creek FL 330	73		
3. The mailing a	ddress (if different):				
4. Date of incor	poration/qualification: 3/19/201	14 Document number: P1400	00254	01	
	i street address of the current registrement of State: (If resigned, enter i	tered agent and registered office on file wresigned)	ith the		
	Corporation Service Co	mpany			
	1201 Hays Street		₹ss		
	Tallahassee, FL 32301		E035	15 JAN	77)
6. The name and (if changed):	1 street address of the new registere	ed agent (if changed) and /or registered of	fice	1-9 PK	
	Ann Marie Kelly / AM Ke	elly Services, Inc	•	ĽΩ	: :
	5585 NW 55 Drive			ተ. ርኃ	
	Coconut Creek FL, 330	ox NOT acceptable			
The street address changed will	ess of its registered office and the be identical.	street address of the business office of it	s registere	ed age	nt,
		dopted by its board of directors or by an een notified in writing of the change.			
1 1 1 1 1	Sauker ire of an officer or director			-	
I hereby accept I further agree performance of agent. Or, if th	the appointment as registered ag to comply with the provisions of a my duties, and I am familiar with	ent and agree to act in this capacity. Il statutes relative to the proper and com and accept the obligation of my position to reflect a change in the registered offic	plete i as regist	tered i, I	
an	Markon	12/24/2014			
_	nature of Registered Agent shalf of an entity:	Date			
Ann Marie					

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

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