P15000066581

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	<i>∓</i> #)
PICK-UP	☐ WAIT	MAIL
(Ві	usiness Entity Nar	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
·		

Office Use Only



000278510540

11/10/15--01012--023 **35.00

15 NOV 10 PM 1:51

NOV 1 2 2015 C LEWIS

COVER LETTER

Amendment Section

Division of Corporations
SUBJECT: AMCHNIST Enterprises of Florida, Inc.
DOCUMENT NUMBER: P15000046581
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:
Janifer Williams Therp
amethyst Enterprises of Florida, In
2130 NW 31st ove Apt MI
Gaines VIIIe Fl 32605
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Office W 1 harp at 513 (108 1232 Name of Contact Person at 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 <u>Flori CV2</u> in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: AMY thyst Enturprises of Florida Inc 2. The principal office address: 2130 NW 31 St Bur Apt MI Geinesvilla FL 32405
3. The mailing address (if different):
4. Date of incorporation/qualification: 8.6-15 Document number: P15000066581
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) Charles W Marp Hule NW 128th New State: (All Company of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Canifer W Map 2130 NW 3151 Aug P.O. Box NOT acceptable General Street address of the new registered agent (if changed) and /or registered office Canada Street address of the new registered agent (if changed) and /or registered office Canada Street address of the new registered agent (if changed) and /or registered office Canada Street address of the new registered agent (if changed) and /or registered office Canada Street address of the new registered agent (if changed) and /or registered office Canada Street address of the new registered agent (if changed) and /or registered office Canada Street address of the new registered agent (if changed) and /or registered office Canada Street address of the new registered agent (if changed) and /or registered office Canada Street address of the new registered agent (if changed) and /or registered office Canada Street address of the new registered agent (if changed) and /or registered office Canada Street address of the new registered agent (if changed) and /or registered office Canada Street address of the new registered agent (if changed) and /or registered office Canada Street address of the new registered agent (if changed) and /or registered office Canada Street address of the new registered agent (if changed) and /or registered office Canada Street address of the new registered agent (if changed) and /or registered office Canada Street address of the new registered agent (if changed) and /or registered agent (if changed) and /
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. Continued or typed name and title Continued name and title C

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

Typed or Printed Name