# P160000 31883

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#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT: AM James Distributing Inc
Name of Corporation

DOCUMENT NUMBER: P16000037883

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:

### **Anthony James**

Name of Contact Person

### AM James Distributing Inc

Firm/Company

4656 Explorer Drive #205

Address

Melbourne, FI 32904

City/State and Zip Code

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

For further information concerning this matter, please call:

**Anthony James** 

...321

698-7712

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

	provisions of sections 607.0502, 617.050 ange is submitted for a corporation organ		
	er to change its registered office or regist		Florida.
1. The name of	the corporation: AM James Distri	buting Inc	
2. The principal	office address: 4656 Explorer Dr	rive #205	
Melbouri	ne, FL 32904		
3. The mailing	address (if different): Same		
4. Date of incor	poration/qualification: 04/27/2016	Document number: P160	00037883
	d street address of the current registered a rtment of State: (If resigned, enter resigned	~	vith the
	CORPORATE CREATIONS	NETWORK INC.	_
	11380 PROSPERITY FARM	/IS ROAD #221E	_
	PALM BEACH GARDENS,	FL 33410	26 <b>3</b>
6. The name and (if changed):	d street address of the new registered age	nt (if changed) and /or registered o	mice III
	Anthony James		
	4656 Explorer Drive #205		3 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8
	Melbourne, FL 32904	° acceptable	<b>.</b>
The street addras changed will	ess of its registered office and the street be identical.	address of the business office of i	ts registered agen
Such change we authorized by the	as authorized by resolution duly adopted he board, or the corporation has been no	l by its board of directors or by an tified in writing of the change.	officer so
Intl	ire of an officer or director	Anthony James - Presi	
I further agrée performance of avent. Or if th	the appointment as registered agent and to comply with the provisions of all state my duties, and I am familiar with and a is document is being filed merely to reflect that the corporation has been notified in	utes relative to the proper and con eccept the obligation of my position ect a change in the revistered offi	n as revistered –
Fhet		06/05/2019	
Sig	nature of Registered Agent	Date	
If signing on be	half of an entity:		
Anthony Ja	<u> </u>		
Т	yped or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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

CR2F045 (03/12)