

P180000 4/9/08

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

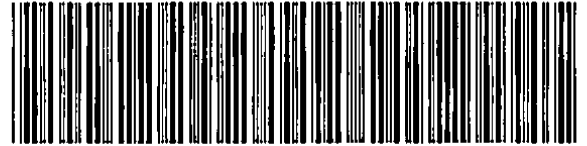
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Ame Professional Corp
Name of Corporation

DOCUMENT NUMBER: P 180000491 CP

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:

Marvin Cisneros
Name of Contact Person

Firm/Company

1914 NW 36 Ct
Address

Oakland FL 33309
City/State and Zip Code

Cisnerosmarvin1@gmail
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marvin Cisneros at (561) 255-2191
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 23, 2019

MARVIN CISNEROS
1914 NW 36 CT
OAKLAND, FL 33309

SUBJECT: AMC PROFESSIONAL CORP
Ref. Number: P18000049108

We have received your document for AMC PROFESSIONAL CORP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

The person designated as registered agent in the document and the person signing as registered agent must be the same.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 219A00014994

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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Amc Professional Corp
2. The principal office address: 1914 NW 36 ct
Oakland FL 33309
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 5-30-18 Document number: P18000049108

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)

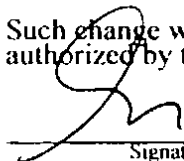
Marvin I Cisneros
1914 NW 36 ct
Oakland FL 33309

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

Juan Carlos Cisneros de Leon
1914 NW 36 ct
P.O. Box NOT acceptable
Oakland FL 33309

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.



Signature of an officer or director

Marvin I Cisneros

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.

Juan Carlos Cisneros de Leon
Signature of Registered Agent

8-17-19
Date

If signing on behalf of an entity:

Juan Carlos Cisneros de Leon
Typed or Printed Name

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

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