## P18437

Office Use Only



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or or

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## Statement of Change of Registered Office or Registered Agent or Both for Corporations

Capitol Corporate Services, Inc.

PO Box 1831 Austin, TX 78767

Phone: 800-345-4647 Fax: 800-432-3622 regagent@capitolservices com

Secretary of State **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

DATE: STATE: 6/14/2012 **FLORIDA** 

**REP UNIT:** 

**AMERICAN APARTMENT** 

MANAGEMENT COMPANY, INC.

Enclosed for filing please find a Statement of Change of Registered Office or Registered Agent or Both for Corporations for the above referenced name, which is to be filed in your office. Enclosed is check #22671 in the amount of \$35.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call 800-345-4647 and ask for the Change of Agent Section of the Registered Agent Department.

Should you need to return this document for any reason please send it to:

Capitol Corporate Services, Inc. PO Box 1831 Austin, TX 78767



## 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 TENNESSEE in order to change its registered office or registered agent, or both, in the State of Florida. 1. The name of the corporation: AMERICAN APARTMENT MANAGEMENT COMPANY, INC. 2. The principal office address: 900 S. Gay Street, Ste. 800, Knoxville, TN 37902 3. The mailing address (if different): 4. Date of incorporation/qualification; 3/15/1988 Document number: P18437 5. The name and street address of the current registered agent and registered office on file with the property of the current registered agent and registered office on file with the property of the current registered agent and registered office on file with the property of the current registered agent and registered office on file with the property of the current registered agent and registered office on file with the property of the current registered agent and registered office on file with the property of the current registered agent and registered office on file with the property of the current registered agent and registered office on file with the property of the current registered agent and registered office on file with the property of the current registered agent and registered of the current registered agent and registered of the current registered agent Florida Department of State: (If resigned, enter resigned) Shaw, Ken 2901 S. Osceola Avenue Sicent Address Orlando State 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Capitol Corporate Services, Inc. 155 Office Plaza Drive, Suite A P.O. Box NOT acceptable Tallahassee State 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. 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. If signing on behalf of an entity:

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

Gayle windle, Asst. Secretary on behalf of Capitol Corporate Services, Inc.

Typed or Printed Name