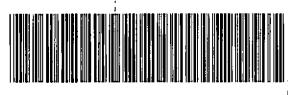
## P190000 49474

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
1

Office Use Only



800368713198

06/23/21--01019--003 \*\*35.00





## **COVER LETTER**

TO: Amendment Section **Division of Corporations** A.MH. CONSULTANT CORPORATION **SUBJECT:** Name of Corporation P1906604997 DOCUMENT NUMBER: 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: HEUIA ALEXANDER Name of Contact Person HEVIA + HEVIA CPA FIRM Address City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ALEXANDER HEVIA

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

Name of Contact Person

Amendment Section

Street Address:

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E045 (04/13)

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

	the corporation;	A.H.	H. C	0434	+1447	CORPORAH	٥~
2. The principal	l office address:	12201	SW	133	coul	? <b>†</b>	
	······································	MIA	11, FC	3518	6		
	address (if differen	-					
I. Date of incor	poration/qualificat	ion: <u>66/1</u>	1/2019	Docume	nt number:	P198000 49	7979
5. The name and	d street address of rtment of State: (If	the current reg	gistered agen				
т юнца Бера		-	• ,	T-10			
	11000	urp sep			•	<del></del>	
	122	03 5V	V 133	COU	ar		
	HII	the, FO	35	86			
The name and (if changed):	d street address of t	the new regist	tered agent (i	f changed)	and /or regis	stered office	
	ALEKI	MDER	HEVIA				
	1220	3 SW	133	ourt			
			P.O. Box NO	T acceptable	·		
	<u>HIM</u>	41, FC	3818	<u>6</u>	<u></u>		
he street addre	ess of its registered	i office and th	he street add	ress of the	business of	ice of its registered a	gent,
_							
uthorized by th	e board, or the co					or by an officer so	A 4'6 1
						HEALT -	resi 
1	named officer or depicto	J		P	inted or typed n		
Quatur	the appointment a	s registered o	agent and ag	ree to act i	n this capac	ying Ci	
hereby accept further agree to f my duties, and ocument is bein	the appointment a	provisions of th and accept reflect a char	f all statutes t the obligati nge in the re	relative to	the proper	city.  and complete perform egistered agent. Or, i I hereby confirm tha	iance f this t the
hereby accept further agree to my duties, and ocument is bein	the appointment a o comply with the d I am familiar wi ng filed merely to	provisions of th and accept reflect a char	f all statutes t the obligati nge in the re	relative to	the proper	and complete perforn egistered agent. Or i I hereby confirm tha	iance f this t the

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