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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	: 12000000195
	REFERENCE	: 6015367 8458918
	AUTHORIZATION	Control of the contro
	COST LIMIT	: \$ 35.00
ORDER DATE :	August 20, 2024	
ORDER TIME :	2:26 PM	
ORDER NO. :	601536-001	
CUSTOMER NO:	8458918	
	CHANGE OF A	<u>GENT</u>
NAME :	AM STRUCTURES	, INC
		•
PLEASE RETURN	THE FOLLOWING AS	PROOF OF FILING:
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AA PHAIN	DIAMED COLI	

EXAMINER:

CONTACT PERSON: Amanda Miller -- EXT#

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

statement of cha	provisions of sections 607.0502, 617. nge is submitted for a corporation or r to change its registered office or re	rganized under the law	s of the State	of_FL		
The name of t The principal	he corporation: AM STRUCTURES, office address: 1153 Town Center D	INC r #201 Jupiter, FL 334	58			
3. The mailing a	ddress (if different):					
4. Date of incorp	poration/qualification: 12/09/2021	Document m	umber: P210	0001031	35	
5. The name and	istreet address of the current register tment of State: (If resigned, enter res	~	l office on file	with the		
	McCann, Andrew					
	1153 TOWN CENTER DRIVE #20)1				
	JUPITER	FL	33458	Z O∃S	2 021	
6. The name and (if changed):	street address of the new registered	agent (if changed) and	or registered	LLEGHAS	2024 AUG 26	
	Corporation Service Company			SSE OF	AM	
	1201 Hays Street			E,F	ڣ	U
). Box NOT acceptable		─ ₩	29	
	Tallahassee	FL	32301			
The street addre as changed will	ss of its registered office and the sti be identical.	reet address of the bus	iness office o	of its regi	stered	agent,
Such change wa authorized by th	s authorized by resolution duly ado be board, or the corporation has been	pted by its board of di n notified in writing of	rectors or by the change.	an office	er so	
/S/ Andrew McCann		Andrew McCann		Pre	sident	
I hereby accept I further agree t of my duties, and document is bein corporation has	e of an officer or director the appointment as registered agen o comply with the provisions of all d I am familiar with and accept the ng filed merely to reflect a change i been notified in writing of this char	t and agree to act in the statutes relative to the obligation of my posit In the registered office	t or typed name a his capacity, proper and c ion as registe address, I he		perfor it. Or. firm th	mance if this iat the
Corporation	n Service Company	08/20/2024	Date			
If signing on bel	half of an entity:					
	BY, ASST. VICE PRESIDENT					
•	•	FEE: \$35.00 * * *				

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314