

P23000086981

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

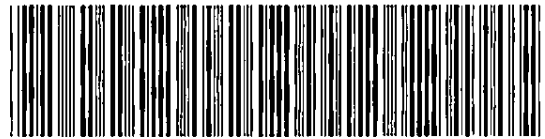
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** AMERICAN MOBILE LIFE SERVICES, INC  
Name of Corporation

**DOCUMENT NUMBER:** P23000086981

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:

MICHELLE VANDERBILT

Name of Contact Person

AMERICAN MOBILE LIFE SERVICES, INC

Firm/Company

1703 N MCMULLEN BOOTH ROAD #1101

Address

SAFETY HARBOR, FLORIDA 34695

City/State and Zip Code

mvanderbilt.aml@gmail.com

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

For further information concerning this matter, please call:

Michelle Vanderbilt

Name of Contact Person

at (727)

288-4995

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

FILED  
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11:13

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

1. The name of the corporation: American Mobile Life Services, Inc
2. The principal office address: 1703 N McMullen Booth Road # 1101, Safety Harbor, Florida 34695
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 12/18/2023 Document number: P023000086981
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)

MICHELLE VANDERBILT

3000 Gulf to Bay Blvd Ste 403

Clearwater FL 33759

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

MICHELLE VANDERBILT

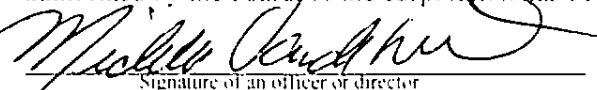
1703 N McMullen Booth Road #1101

P.O. Box NOT acceptable

Safety Harbor FL 34695

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

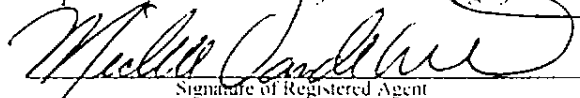
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

Michelle Vanderbilt CEO

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.

  
Signature of Registered Agent

10/31/2024  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
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

CR2E045 (04/13)