

P96000069013

Requestor's Name



Mr. Bernard King
6704 Ranger Dr.
Tampa, FL 33615

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☐ Walk in

☐ Pick up time _____

☐ Certified Copy ⁸ 200002686078--5
11/12/98--01007--016

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status *****35.00 *****35.00

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED
98 NOV -5 AM 9:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R. A. Change

~~*1055, 524, 2267, 7674~~ ⁷⁰⁶

Examiner's Initials

LFJ



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

October 29, 1998

Bernard King
6704 Ranger Drive
Tampa, FL 33615

SUBJECT: AMBER MANAGEMENT, INC.
Ref. Number: P96000069013

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

Please complete the address for the registered agent.

The fee to file your document is \$35.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

If you have any questions concerning this matter, please either respond in writing or call (850) 487-6910.

Louise Flemming-Jackson
Corporate Specialist Supervisor

Letter Number: 398A00053122

RECEIVED
98 NOV -5 11 8:17
DIVISION OF CORPORATIONS

DAY "NINE PHONE"
813-855-0511

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, the undersigned corporation organized under the laws of the State of FLORIDA submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: AMBER MANAGEMENT, INC.
2. The mailing address of the corporation is: 6704 RANGER DRIVE
TAMPA FL 33615
3. Date of incorporation/qualification: 8-16-96 Document number: P96000069013
4. The name and address of the current registered agent and office:

JEROME BONNETT

1795 A 1ST STREET S.

JACKSONVILLE, FL 32250 US

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

BERNARD T. KING

6704 RANGER DRIVE

TAMPA FL 33615

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TALLAHASSEE, FLORIDA

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.

[Signature]
(Signature of an officer, chairman or vice chairman of the board)

10-23-98
(Date)

GREGORY A. KING
(Printed or typed name and title)

10-23-98
(Date)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

[Signature]
(Signature of Registered Agent)

10/23/98
(Date)

If signing on behalf of an entity:

[Signature]
(Typed or Printed Name)

(Capacity)