## P96000072963

(Poguestor's Name)		
(Requestor's Name)		
American Beltway Inc. 8024 Beaven Street West Jacksonville Il 32220		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

Office Use Only



800022817588

09/15/03--01040--007 \*\*35.00

FILED
SECRETATION

## 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 _	
submits the following statement in order to change its registered office	e or registered agent, or both, in
the State of Florida.	Ilena Too
1. The name of the corporation: American Be	Huay Inc
2. The mailing address of the corporation: 8024 Bea	ver Street West
Jacksonville Fl. 32220	
3. Date of incorporation/qualification: <u>19-19-96</u> Docum	ent number: <u>P960007263</u>
4. The name and address of the current registered agent and registered of	office:
George A. Prescott	
305 PicketTulle Road	
TACKSMULLE FL, 32220	
5. The name and address of the new registered agent (if changed) and /c	or registered office (it_langed): \
(P.O. Box NOT Acceptable)	
• • • • • • • • • • • • • • • • • • •	
8024 Benner STreet West	
JACKSONVILLE PL. 32220	
The street address of its registered office and the street address of the agent, as changed, will be identical.	
Such change was authorized by resolution duly adopted by its board of authorized by the board.	of directors or by an officer so
Stogelle Knowl Vrisidat	8/29/0=20
(Signature of an officer, chairman or vice chairman of the board)	(Date) Fig. 8 T
seorge A. Prescott President	\$ 5 5 F
(Printed or typed name and title)	ess for the above stated =
Having been named as registered agent and to accept service of processor properties, I hereby accept the appointment as registered agent and I further agree to comply with the provisions of all statutes relative to performance of my duties, and I am familiar with and accept the oblig	agree to act in this capacity o
registered agent.	gation of my position as A 60
(Signature of Registered Agent)	(Date)
If signing on behalf of an entity:	
(Typed or Printed Name)	(Capacity)
(Lypes of Limited Limite)	( - 1 )

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