

P97000032853

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

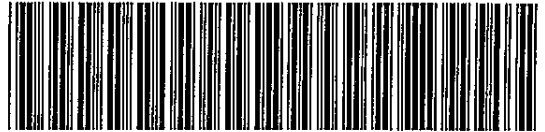
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700021448177

07/21/03--01057--010 **35.00

FILED

03 JUL 21 PM 4:09

TALLAHASSEE, FLORIDA

L.A. chg
MAD 7/25

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AMERICAN TURNKEY SERVICE GROUP, INC.
(Name of corporation)

DOCUMENT NUMBER: P97000032853

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:

Elisa Freeman

(Name of person)

American Turnkey Service Group, Inc.

(Name of firm/company)

1010 Pennsylvania Ave.

(Address)

St. Cloud, FL 34769

(City/state and zip code)

For further information concerning this matter, please call:

Eliza Freeman

(Name of person)

at

(407) 891-8558

(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
409 E. Gaines Street
Tallahassee, FL 32399
CR2E045(C7/02)

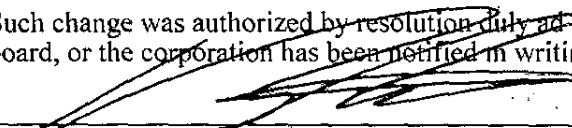
**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT
OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 6.17.0502, 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 TURNKEY SERVICE GROUP, INC.
2. The principal office address: 1010 Pennsylvania Ave., St. Cloud, FL 64769
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 4/10/97
Document number: P97000032853
5. The name and street address of the current registered agent and registered office on file with, the Florida Department of State:
Harry J. Swart CPA
717 East Oak Street
Kissimmee, FL 34744
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Elisa Freeman
1010 Pennsylvania Ave.
St. Cloud, FL 34769
(P.O. Box or personal mailbox NOT acceptable)

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, chairman or vice chairman of the board) Robert A. Freeman, Director/President
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. 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)

(Date)

If signing on behalf of an entity:

Elisa Freeman
(Typed or Printed Name)

Director
(Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314