

P98000050152

(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



700268692097

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF BUSINESS REGISTRATION  
15 FEB -2 PM 4:44  
NOT INTENDED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

FILED  
15 FEB -2 PM 2:32  
DEPARTMENT OF STATE  
DIVISION OF BUSINESS REGISTRATION  
TALLAHASSEE, FLORIDA

RACH

2-3-15

DC

CSC  
1201 Hays Street  
Tallahassee, FL 32301  
(800) 927-9800

ACCOUNT NO. : I20000000195

REFERENCE : 459357 7547774

AUTHORIZATION

COST LIMIT : \$ 35.00

ORDER DATE : January 13, 2015

ORDER TIME : 1:35 PM

ORDER NO. : 459357-010

CUSTOMER NO: 7547774

CHANGE OF AGENT

NAME: AMBASSADOR MARKETING WORLDWIDE  
, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes -- EXT# 62920

EXAMINER: \_\_\_\_\_

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Ambassador Marketing Worldwide, Inc.  
Name of Corporation

DOCUMENT NUMBER: P98000050152

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:

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Firm/Company

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State and Zip Code

jscott@network21.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Scott at (770) 622-2121  
Name of Contact Person 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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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: AMBASSADOR MARKETING WORLDWIDE, INC.
2. The principal office address: 7320 MCGINNIS FERRY RD SUWANEE, GA 30024
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 05/29/1998 Document number: P98000050152
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)

THOMAS P. MCNAMARA

2909 BAY TO BAY BLVD., SUITE 309

TAMPA

FL 33629

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

Corporation Service Company

1201 Hays Street


P.O. Box NOT acceptable

Tallahassee

FL 32301

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

John Scott

Vice President

\_\_\_\_\_  
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.*

Corporation Service Company

By: Stephanie Milnes  
\_\_\_\_\_  
Signature of Registered Agent

2/2/15  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

Stephanie Milnes  
Asst. Vice President

\_\_\_\_\_  
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 (03/12)