

V62618

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

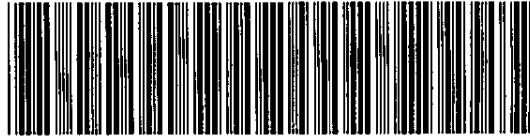
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/08/14--01041--018 **192.50

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15 JAN 26 PM 12:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 29 2014
T. LEWIS

[Handwritten signature]

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AM & K, Inc
Name of Corporation

DOCUMENT NUMBER: V62618

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:

John J Lombard
Name of Contact Person

AM&K, Inc
Firm/Company

10128 Springwood Drive
Address

Ladue, MO 63124-1269
City/State and Zip Code

John@aap50.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John J Lombard at (314) 8032930
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 17, 2014

JOHN J LOMBARD
10128 SPRINGWOOD DR
LADUE, MO 63124-1269

SUBJECT: AM & K, INC.
Ref. Number: V62618

We have received your document for AM & K, INC. and your check(s) totaling \$192.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered agent must be at a Florida street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 314A00026712

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JAN 26 PM 1:26
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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: AM&K, Inc
2. The principal office address: 10128 Springwood Drive

3. The mailing address (if different): _____

4. Date of incorporation/qualification: Sept. 8, 1992 Document number: V62618

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)

Rocci Lombard

2612 Clematis Place

Ft. Lauderdale, FL 33301

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

John J Lombard

3621 Bayview Road

Miami, 33133


P.O. Box NOT acceptable

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TALLAHASSEE, FLORIDA

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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.

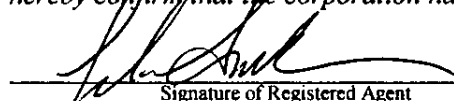


Signature of an officer or director

John J Lombard, 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.



Signature of Registered Agent

19 January 2015

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