

P13000031417

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

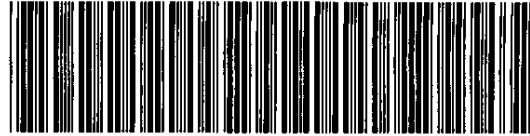
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

C. LEWIS
OCT 18 2013
EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: American Premier Financial Processing
Name of Corporation *inc*

DOCUMENT NUMBER: P130003417

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:

DR. ALAN AUSTIN
Name of Contact Person

APP
Firm/Company

1800 HARRISON ST STE 12
Address

TITUSVILLE, FL 32780
City/State and Zip Code

ALAN.AUSTIN@BMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALAN AUSTIN at (407) 923 1133
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

September 30, 2013

DR L. ALLAN AUSTIN / AMERICAN PRAIRIE FINANCIAL PROCESS
1800 HARRISON STREET SUITE 112
TITUSVILLE, FL 32780-2616

SUBJECT: AMERICAN PRAIRIE FINANCIAL PROCESSING, INC.
Ref. Number: P13000031417

We have received your document for AMERICAN PRAIRIE FINANCIAL PROCESSING, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 613A00022917

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: AMERICAN PRAMIE FIN PROCESSING, INC
- 2. The principal office address: 1800 HARRISON ST. STE 112
TITUSVILLE, FL 32780
- 3. The mailing address (if different): _____

4. Date of incorporation/qualification: 04/08/13 Document number: R13000031417

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)

ALLAN AUSTIN
1800 HARRISON STREET
TITUSVILLE, FL 32780

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

AUSTIN, ALLAN
1800 HARRISON STREET
UNIT 112
TITUSVILLE, FL 32780 US

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
APPROVED
AND
FILED

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 DR. L. ALLAN AUSTIN
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 08 OCT 2013
Date

If signing on behalf of an entity:
DR. L. ALLAN AUSTIN
Typed or Printed Name

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