

P18 000092395

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

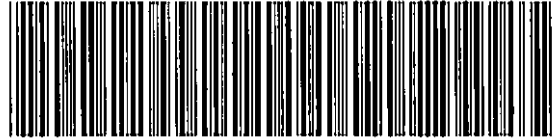
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500384469645

04/04/22--01008--002 \*\*35.00

2022 APR -4 PM 4:14

PW  
4/5/22

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ABSOULUTE CHRISTIAN UNIVERSITY INTERNATIONAL EDUCATION COI  
Name of Corporation

**DOCUMENT NUMBER:** P18000092395

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:

ALEXANDRE SALVADOR

Name of Contact Person

Firm/Company

Av. Getúlio Vargas, 381 - 1 andar - Glória - Vila Velha - ES

Address

29.122-030

City/State and Zip Code

asalvador.vix@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dr. Daniel Dias Machado

Name of Contact Person

at (786) 7538547

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

1. The name of the corporation: ABSOLUTE CHRISTIAN UNIVERSITY INTERNATIONAL EDUCATION CO

2. The principal office address: Av. Getúlio Vargas, 381 - 1 andar - Glória - Vila Velha - ES 29.122-030

3. The mailing address (if different):

4. Date of incorporation/qualification: November 6, 2018 Document number: P18000092395

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)

Resigned

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

ALEXANDRE SALVADOR

XX

P.O. Box NOT acceptable

~~XXXXXXXXXXXX030X~~

320 SE 9th St Fort Lauderdale FL 33316-1128

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.

- DocuSigned by:

Alexandre Salvador

Signature of an officer or director

ALEXANDRE SALVADOR

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.*

DocuSigned by:

Alexandre Salvador

Signature of Registered Agent

31 March 2022

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

CR2E045 (04/13)