| Entity Name: AC EXPRESS PLUS SERVICES INC | | | Secretary of State 5523553433CC | |
|--|---|-----------------|------------------------------------|------------|
| 4321 NW 1ST D | ncipal Place of Business: DR EACH, FL 33442 | | 552355 | 343300 |
| Current Mai | ling Address: | | | |
| 4321 NW 1S DEERFIELD | T DR BEACH, FL 33442 UN | | | |
| FEI Number: 82-1435614 Certificate of Status I | | | | sired: No |
| Name and Address of Current Registered Agent: | | | | |
| 6574 N STATE SUITE 297 | ISINESS DEVELOPMENT INC ROAD 7 EEK, FL 33073 US | | | |
| The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. | | | | |
| SIGNATURE: LUCIENE OLIVEIRA | | | | 04/29/2021 |
| | Electronic Signature of Registered Agent | | | Date |
| Officer/Dire | ctor Detail : | | | |
| Title | PRESIDENT | Title | VP | |
| Name | OLIVEIRA, SAMUEL | Name | OLIVEIRA, GLEISSON M | |
| Address | 4321 NW 1ST DR | Address | 4321 NW 1ST DR | |
| City-State-Zip: | DEERFIELD BEACH FL 33442 | City-State-Zip: | DEERFIELD BEACH 33442 | |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SAMUEL OLIVEIRA

PRESIDENT

04/29/2021

Electronic Signature of Signing Officer/Director Detail

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17000040215

FILED Apr 29, 2021 Secretary of State 5523553433CC