Current Mai	ling Address:			
P.O. BOX 5	-			
FEI Number	: 59-3581130		Certificate of Status Des	sired: No
Name and A	Address of Current Registered Agent:			
STEIN, E.N. 4 PONCE DE L	EON AVE E, FL 32080 US			
ST.AUGUSTIN				
	d entity submits this statement for the purpose of changing its regi	stered office or regis	tered agent, or both, in the State of Fi	lorida.
The above name	d entity submits this statement for the purpose of changing its regi E: E.N. STEIN	stered office or regis	tered agent, or both, in the State of Fi	lorida. 06/15/2020
The above name		istered office or regis	tered agent, or both, in the State of Fi	
The above name	E: E.N. STEIN Electronic Signature of Registered Agent	stered office or regis	tered agent, or both, in the State of Fi	06/15/2020
The above name SIGNATURE	E: E.N. STEIN Electronic Signature of Registered Agent	stered office or regis	tered agent, or both, in the State of Fi	06/15/2020
The above named SIGNATURE Officer/Dire	E: E.N. STEIN Electronic Signature of Registered Agent ctor Detail :			06/15/2020
The above named SIGNATURE Officer/Dire Title	E: E.N. STEIN Electronic Signature of Registered Agent Ctor Detail :	Title	VP	06/15/2020
The above named SIGNATURE Officer/Dire Title Name	E: E.N. STEIN Electronic Signature of Registered Agent Ctor Detail : P STEIN, E.N. P.O. BOX 5154	Title Name	VP STEIN, TRACY P O BOX 5154	06/15/2020
The above named SIGNATURE Officer/Dire Title Name Address	E: E.N. STEIN Electronic Signature of Registered Agent Ctor Detail : P STEIN, E.N. P.O. BOX 5154	Title Name Address	VP STEIN, TRACY P O BOX 5154	06/15/2020
The above named SIGNATURE Officer/Dire Title Name Address	E: E.N. STEIN Electronic Signature of Registered Agent Ctor Detail : P STEIN, E.N. P.O. BOX 5154	Title Name Address	VP STEIN, TRACY P O BOX 5154	06/15/2020

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: E.N. STEIN

Electronic Signature of Signing Officer/Director Detail

Ρ

06/15/2020 Date

FILED Jun 15, 2020 Secretary of State 7104864047CC

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000047531

Entity Name: ACQUEST SERVICES, INC.

Current Principal Place of Business:

7021 CATLETT ROAD ST. AUGUSTINE, FL 32092