F24000003153

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COVER LETTER

TO: Amendm	ent Section Division of Corporati	ons		
SUBJECT: AC	E FUNDINGS CORPORATION			
	Nam	e of Corporation		
DOCUMENT NU	JMBER: F2400003153			<u> </u>
The enclosed Ame	endment and fee are submitted for	filing.		
Please return all co	orrespondence concerning this ma	itter to the follow	ving:	
TUAN TU				
	Name of Contact Person			
ACE FUNDINGS	CORPORATION			
	Firm/Company			
1611 TRIESTE C	r			
	Address			
SAN JOSE, CA 9	5122			
	City/State and Zip Code			
XTUANTUX@G	MAIL.COM			
E-mail addre	ss: (to be used for future annual r	eport notificatio	n)	
For further information	ation concerning this matter, pleas	se call:		
TUAN TU		at (781-0231)	
Name	e of Contact Person	Area C	ode & Daytime	Telephone Number
Enclosed is a chec	k for the following amount:			
\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Certified C	Filing Fee & Copy	☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy

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

PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

SECTION ((1-3 MUST BE COMPLETED)

F24000003153

Signature of New Registered Agent, if changing

	(Document number	r of corporation (if known))		
ACE FUNDINGS CORPORATION	N				
(Nam	e of corporation as it appears	on the records of the Department	artment of State)		
CALIFORNIA		3. 6/12/2024			
(Incorporated t	under laws of)	(Date auth	norized to do business in Florida)		
	SE (4-7 COMPLETE ONLY	CTION II THE APPLICABLE CH	ANGES)		
If the amendment changes the name incorporation?			er the laws of its jurisdiction of		
(Name of corporation after the ame not contained in new name of the c	endment, adding suffix "corporation)	oration," "company," or "in	ncorporated," or appropriate abbre-	viatio	
(If new name is unavailable in Flori	da, enter alternate corporate i	name adopted for the purpo	ose of transacting business in Flori	da)	
If the amendment changes the	period of duration, indicate n	ew period of duration.			
	(Ne	w duration)			
If the amendment changes the	jurisdiction of incorporation,	indicate new jurisdiction.			
	(New	jurisdiction)			
	and/or registered office add	ress in Florida, enter the	aname of the		
If amending the registered agent new registered agent and/or the n Name of New Registered Agent					
new registered agent and/or the n	1	<u>5:</u>			
new registered agent and/or the n Name of New Registered Agen	(Florida st	<u>s:</u>			
new registered agent and/or the n	(Florida st	reet address)	, Florida(Zip Code)		

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change: Title/ Capacity Name Address Type of Action NGOC TU 7901 4TH ST N STE 300 ST. PETERSBURG, FL 33702 ☑Remove NGOC TU 7901 4TH ST N STE 300 ST. PETERSBURG, FL 33702 **E**kemove □Add Remove Remove Remove 10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated. (Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

FILING FEE \$35.00

(Typed or printed name of person signing)