L55503

(R	equestor's Name)	···· -
(Ac	ddress)	
("	uu1000)	
(Ad	ddress)	
(0)	itu/State/7in/Dhan	- #0
(C)	ity/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(D)	usiness Entity Nar	
(0)	usiness Endly ivar	ne)
(Do	ocument Number)	<u> </u>
Certified Copies	Certificates	s of Status
·		
Special Instructions to	Filing Officer:	
	•	
		i

Office Use Only



200151440072

04/22/09--01018--023 *

**35.00

RA Wily

SECRETARY OF STATE OF

****** \$

COVER LETTER

Division of Corporations		
SUBJECT: A/C MEN INC. (Name of Corporation)		
(Name of Corporation)		
DOCUMENT NUMBER: L 55503		
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:		
Name of Contact Person)		
A/C MEN, INC. (Firm/Company)		
4305 Maurice Drive		
Delray Beach, FL, 33445-3232 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Kathryn Bertorello at (561) 498-5251 (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 Street Address: Amendment Section Division of Corporations Clifton Building		

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

TO:

Amendment Section

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
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: A/c Men, Inc.
2. The principal office address: Kathryn Bertorello
4305 Maurice Drive - Delray Beach, FL 33445-3232
3. The mailing address (if different):
4. Date of incorporation/qualification: 3-7-90 Document number: L55503
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)
All Florida Firm
813 Deltona Blud. Ste A BOX # 1381/92 3
Deltona, FL 32725
813 Deltona Blvd. Ste A, Box # 1381/92 3 200 Deltona, FL 32725 6. The name and street address of the new registered agent (if changed) and for registered office (if changed): Hathryn Bertorello, Pres.
Hathryn Bertorello, Pres.
4305 Maurice Drive (P.O. Box NOT acceptable)
(P.O. Box NOT acceptable)
Delray Beach , FL 33445-3232
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.
Supporture of an officer or director) Pres. Kathryn Bertovello Pres.
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.
Hathry Buterule 3-24-09 (Date) (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