

NI170000000432

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

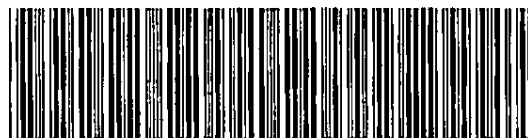
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700303160317

10/06/17--01014--022 **55.00

FILED
17 OCT -6 PM 12:06
SECRETARY OF STATE
FALL ALIASSEE FLOIDA
OCT 09 2017
S. YOUNG

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: African Child Initiative, Inc.
Name of Corporation

DOCUMENT NUMBER: N17000000432

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:

Vincent Lyn

Name of Contact Person

African Child Initiative, Inc.

Firm/Company

880 Macon St #5

Address

Brooklyn, NY 11233

City/State and Zip Code

linggarlyn@gmail.com

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

For further information concerning this matter, please call:

Vincent Lyn

Name of Contact Person

at (203) 561-0153

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: African Child Initiative, Inc.
2. The principal office address: 113 Kensington Road, Hollywood, FL 33021
3. The mailing address (if different): _____
4. Date of incorporation/qualification: January 12, 2017 Document number: N17000000432
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)

Kim Griffin

1226 E Cumberland Ave #107

Tampa, FL 33602

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

Vincent Lyn

113 Kensington Road

P.O. Box NOT acceptable

Hollywood, FL 33021

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.

Kim Griffin
Signature of an officer or director

Kim Griffin, President

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.

Vincent Lyn
Signature of Registered Agent

9-26-2017
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 (03/12)

FILED
OCT -6 PM 12:06
TALLAHASSEE, FLORIDA
SECRETARY OF STATE