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TALLAHASSEL FLORIDA

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R. Vyrille

COVER LETTER

TO: Amendment Section Division of Corporations

Ace Dream Corp.

Name of Corporation

P0000071468

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:

Walter F. Hinz

Name of Contact Person

Walter F. Hinz, CPA

Firm/Company

1200 NW 17th Avenue, Suite 22

Address

Delray Beach, FL 33445-2513

City/State and Zip Code

walt@whinzcpa.com

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

For further information concerning this matter, please call:

Walter F. Hinz

.561 \276-14

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
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

statement of change is submitted	tions 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this for a corporation organized under the laws of the State of Florida gistered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation:	Ace Dream Corp.	
2. The principal office address:	1200 NW 17th Avenue, Suite 22	-
	Delray Beach, FL 33445-2513	_
3. The mailing address (if differen	nt): IM Gerhrimoos 8	_
	Ruschlikon 8803, Switzerland	_
4. Date of incorporation/qualifica	ntion: 07-24-2000 Document number: P00000071468	_
5. The name and street address of Florida Department of State: (I	f the current registered agent and registered office on file with the if resigned, enter resigned)	
Brunton Re	egisitered Agents	
4710 NW 2	2nd Avenue, Suite 101	
Boca Rato	n, FL 33431	
6. The name and street address of (if changed):	f the new registered agent (if changed) and /or registered office	
Walter F. H	Hinz, CPA	
1200 NW 1	17th Avenue, Suite 22	
Dolsov Po	P.O. Box NOT acceptable	ete:
Deliay be	ach, FL 33445-2513 කිට්ට ති	f-
The street address of its registere as changed will be identical.	ed office and the street address of the business office of its registered agent,	Ç
Such change was authorized by authorized by the board, or the c	resolution duly adopted by its board of directors or by an officer so its corporation has been notified in writing of the change.	
Signature of an officer of direc	Christian Ehrensperger, President	
I hereby accept the appointment I further agree to comply with the performance of my duties, and I	t as registered agent and agree to act in this capacity. The provisions of all statutes relative to the proper and complete The am familiar with and accept the obligation of my position as registered eing filed merely to reflect a change in the registered office address, I still that the seen notified in writing of this change.	
Wall of Hind	02-17-2016	
Signature of Registered A		
If signing on behalf of an entity:		
Typed or Printed Name		

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)

* * * FILING FEE: \$35.00 * * *