

PO2000 014 839

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

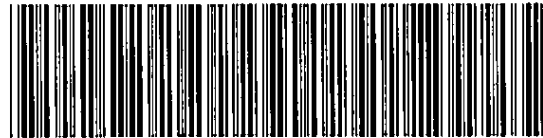
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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AUG 19 2019

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DIVISION OF CORPORATIONS
10 AUG 19 PM 2:30

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AUG 27 2019

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **AC1 SUPPLY, INC.**

Name of Corporation

DOCUMENT NUMBER: **P02000014839**

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:

Carlos Reyes, Esq.

Name of Contact Person

Reyes Law Group

Firm/Company

150 S. Pine Island Road, #210

Address

Plantation, FL 33324

City/State and Zip Code

carlos@reyeslegal.com

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

For further information concerning this matter, please call:

Carlos Reyes

Name of Contact Person

954 369-1993

at () 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

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DIVISION OF CORPORATIONS
12 NOV 12 PM 2:00

**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: AC1 SUPPLY, INC.
2. The principal office address: 6865 NW 36th Avenue, Miami, FL 33147
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 2/4/2002 Document number: _____
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)

Carlos J. Moratinos

6865 NW 36 Avenue

Miami, FL 33147

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

Rafael S. Cervello

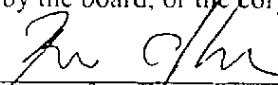
6865 NW 36th Avenue

P.O. Box NOT acceptable

Miami, FL 33147

The street address of its registered office and the street address of the business office of its registered agent as changed will be identical.

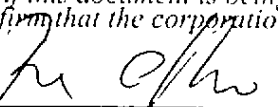
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Rafael S. Cervello, 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.


Signature of Registered Agent

7/30/19
Date

If signing on behalf of an entity:

Rafael S. Cervello

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. Box 12225, Tallahassee, FL 32312

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DIVISION OF CORPORATIONS
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