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SECRETARY OF STATE

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**C LEWIS** 

## COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: Acquip nc. Name of Corporation			
DOCUMENT NUMBER: 55 - 082 78 79.			
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:			
Damian Josetsberg Name of Contact Person			
Acquip In C Firm/Company			
407 Lincoln Rd Swite 708.			
Miani Beach, FL 33139.  City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Mary Man 2000 at (305) 538 7101  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 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: AC Quip, Inc
2. The principal office address:
3. The mailing address (if different):
4. Date of incorporation/qualification: 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)
ACQUIP, INC
1234 Washington aue. Ste 302
1234 Washington Que. Ste 302 Miami Beach, Fl 33139
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
ACQUIP INC / Damian Josefsberg &
407 Lincoln Rd Suite 708
ACQUIP, INC / Damian Jasetsberg William Hot Lincoln Rd Suite 708  P.O. Box NOT acceptable  Miami Beach, FL 33139
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 other or director 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.
, 225FP2016
Signature of Registered Agent Date
If signing on behalf of an entity:
Toward or Drinted 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 \* \* \*