P0300039679			
(Requestor's Name) (Address) (Address)	600290932126		
(City/State/Zip/Phone #)	10/25/1601022002 **35.00		
(Document Number) Certified Copies Certificates of Status			
Special Instructions to Filing Officer:	FILED 2016 OCT 25 PH 2: 41 STORETARY OF STATE STORE FLORE MAN		

L

I

į

I

COVER LETTER

TO: Amendment Section Division of Corporations

ACQUIP INC

SUBJECT:__

Name of Corporation

P03000039679

DOCUMENT NUMBER:

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 JOSEFSBERG

Name of Contact Person

ACQUIP INC

Firm/Company

407 LINCOLN RD SUITE 708

Address

MIAMI BEACH, FL 33139

City/State and Zip Code damian@acquip.com

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

For further information concerning this matter, please call:

· 11-

Damian Josefsberg	305	5387101
	at ()
Name of Contact Pers	n Area Code	e & Davtime 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

CR2E045 (03/12)

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 Florida 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. Acquip Inc. 1. The name of the corporation 407 Lincoln Rd Suite 708 Miami Beach, Florida 33139 2. The principal office address: PO Box 191502 Miami Beach, Florida 33119-1502 3. The mailing address (if different): 04/9/2003 P03000039679 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) 407 Lincoln R d Suite 708 Miami Beach, FL 33139 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): 407 Lincoln Rd Suite 708 Miami Beach, FL 33139 P.O. Box NOT acceptable

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 directo

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.

10/14/2016

Signature of Registered Agent

Date

If signing on behalf of an entity:

<u>President</u>

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)