P03 000 121199

(R€	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Cir	ty/State/Zip/Phone #	7)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)	
Certified Copies	_ Certificates o	f Status
	_	
Special Instructions to	Filing Officer:	



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020 SEP 28 AMII: 34

Office Use Only

Ja 10/24/20

COVER LETTER

TO: Am Div	nendment Section vision of Corporations			
SUBJECT	ace-classes.com, inc	rporation		
DOCUME	NT NUMBER: P03000121199			
The enclos	ed Statement of Change of Registered Office	Agent and fee are submitted for filing.		
	rm all correspondence concerning this matter			
	NATASHA HIRTH Name of Con	tact Person		
	ace-classes.com, inc	mpany		
	110 SE 6TH ST, 17TH FLO	OOR		
	FORT LAUDERDALE FL	33301 nd Zip Code		
INFO@ACE-CLASSES.COM E-mail address: (to be used for future annual report notification)				
For further	er information concerning this matter, please	call:		
MICHA	Name of Contact Person	at (954) 300-2231 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 char	noe is submitted for a corport	02, 617.0502, 607.1508, or 617.1508, Florida Statute ation organized under the laws of the State of Poods ce or registered agent, or both, in the State of Florid		
	he corporation: ace-classes.c			
2. The principal	office address: 110 se 6th st,	17th fl, fort lauderdale, fl 33301		
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 10/23/	2013 Document number: P0300012119)9	
5 The name and		registered agent and registered office on file with th		
	jeff levey (resigned)			
	201 se 6th st, fort laud	erdale fl 33301		
			2020 S Ži	
6. The name an (if changed):	d street address of the new re	gistered agent (if changed) and /or registered office	LANASSEEL	and the second s
	Registered Agents	Inc.	OF SEE	֓֞֞֜֞֜֜֞֟֜֜֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֜֜֜֡֓֓֡֡֓֜֜֡֓֡֓֡֡֡֡֜֜֡֡֓֡֡֜֜֡֡֡֡֜֜֡֡֡֡֡֜֜֡֡֡֡֡֡
	7901 4th St N STE 30		四百	. ວ
		P.O. Box NOT acceptable	ं ।जो 🝜	
	St. Petersburg FL 3			
The street addr as changed wil	ress of its registered office at 1 be identical.	nd the street address of the business office of its reg	gistered ager	ıt,
Such change wanthorized by	vas authorized by resolution the board, or the corporation	duly adopted by its board of directors or by an office has been notified in writing of the change.	eer so	
	ASHA HIRTH	NATASHA HIRTH/P		
	ture of an officer or director	Printed or typed name and title		
performance o	i my auties, and i am jamila	red agent and agree to act in this capacity. ns of all statutes relative to the proper and comple ar with and accept the obligation of my position as nerely to reflect a change in the registered office a een notified in writing of this change.	te registered ddress, I	
Bu X	ana	SEPTEMBER 1, 2020		_
<u> </u>	ignature of Registered Agent	Date		
If signing on b	ochalf of an entity:			
Bill Havre				
	Typed or Printed Name			
	* * *	FILING FEE: \$35.00 * * *		