

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



800313619518

05/22/18--01011--021 **35.60

MAY 23 2018

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Atlantic Coast Drilling Inc.

Name of Corporation

DOCUMENT NUMBER: P05000042570

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:

Marcos Aleman Name of Contact Person Atlantic Coast Drilling Inc. Firm/Company 2520 Coral way #2346 Address Coral Gables FL 33145 City/State and Zip Code

marcos@atlanticcoastdrilling.com

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

For further information concerning this matter, please call:

Zdenka Huallanca

Name of Contact Person

Name of Contact Person

at (305) 992-5415

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 cha	provisions of sections 607.0502, 617.0502, ange is submitted for a corporation organiz er to change its registered office or register.	ted under the laws of the State of Florida	his ——	_
1. The name of t	the corporation: Atlantic Coast Drill	ing Inc.		
2. The principal	office address: 2520 Coral way #2	346, Coral Gables FL 33145		
3. The mailing a	address (if different): 5333 Collins Av	ve Suite 1204, Miami Beach Fl	L 33	140
4. Date of incorp	poration/qualification: 03/21/2005	Document number: P050000425	70	
	d street address of the current registered age rtment of State: (If resigned, enter resigned)			
	Marcos Aleman / 2520 Coral	Way #2346		
	Coral Gables FL 33145	> \sqrt{0}	18 +	
	Eric Robinson (Resigned)		λ.λ.Σ.	
6. The name and (if changed):	d street address of the new registered agent	(if changed) and /or registered office	<u>1</u> PH 3: I&	ED
	Marcos Aleman	32 53	<u></u>	
	2520 Coral Way #2346, Cora	ıl Gables FL 33145		
	P.O. Box NOT ac	eceptable		
The street addre	ess of its registered office and the street ad be identical.	ddress of the business office of its registere	ed age	ent,
Such change wa authorized by th	as authorized by resolution duly adopted be the board, or the corporation has been notif	by its board of directors or by an officer so fied in writing of the change.		
w		Marcos Aleman - President		_
I hereby accept I further agree i performance of agent. Or, if the	the appointment as registered agent and a to comply with the provisions of all statute my duties, and I am familiar with and acc is document is being filed merely to reflec that the corporation has been notified in v	es relative to the proper and complete cept the obligation of my position as regist ct a change in the registered office address	ered ;, l	_
(1)	→	May 18, 2018		
Tgre—	nature of Registered Agent	Date		_
If signing on be	chalf of an entity:			
	yped or Printed Name			