

PO5000062285

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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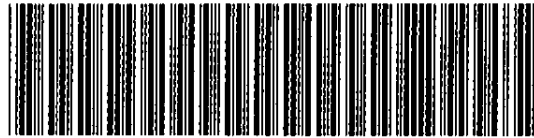
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

TS
5/21/08

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AFRICAN CULTURE PROMOTIONS, INC
(Name of Corporation)

DOCUMENT NUMBER: P05000062285

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:

DR. KWAME FOSU
(Name of Contact Person)

AFRICAN CULTURE PROMOTIONS, INC
(Firm/Company)

11414 CYPRESS BAY STREET
(Address)

CLERMONT, FL 34711
(City/State and Zip Code)

For further information concerning this matter, please call:

DR. KWAME FOSU at (321) 8948-6636
(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**

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: AFRICAN CULTURE PROMOTIONS, INC.
2. The principal office address: 5392 SILVER STAR ROAD,
ORLANDO, FL 32808
3. The mailing address (if different): 11414 CYPRESS BAY STREET
CHERMONT, FL 34711
4. Date of incorporation/qualification: APRIL 2005 Document number: P05000062285
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

YAW JERMYL OPPONG
5392 SILVER STAR ROAD
ORLANDO, FL 32808

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

DR. KWAME FOSU
5392 SILVER STAR ROAD
ORLANDO, FL

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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.

Kwame Fosu
(Signature of an officer or director)

DR. KWAME FOSU
(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.

Kwame Fosu
(Signature of Registered Agent)

5/13/08
(Date)

If signing on behalf of an entity:

DR. KWAME FOSU
(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 (8/05)