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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Absolute Charter Services INC
Name of Corporation

DOCUMENT NUMBER: 906000038426

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:

CAPTAIN ANTHONY R. MEURER SMT-B
Name of Contact Person

Absolute Charter Services INC
Firm/Company

4700 Sheridan Street, Suite "J"
Address

Hollywood FLORIDA, 33021
City/State and Zip Code

PRINCIPALMEDIA@Bellsouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CAPT. ANTHONY R. MEURER SMT-B at (754) 367-3768
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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Absolute Charter Services INC.
2. The principal office address: 4700 Sheridan Street, Suite "J"
Hollywood FL, 33021
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 3.10.2006 Document number: P06 000038426

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)

CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL, 33410

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

CAPTAIN Anthony R. MURPHY Capt. B
4700 Sheridan Street, Suite "J"
P.O. Box NOT acceptable
Hollywood FL, 33021

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 director

CAPT. Anthony R. MURPHY Capt. B
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.


Signature of Registered Agent

6.15.17
Date

If signing on behalf of an entity:

Typed or Printed Name

*** FILING FEE: \$35.00 ***