

P08000028725

(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



700267698627

01/12/15--01019--009 **35.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 JAN 12 AM 11:55

JAN 14 2015
T. CARTER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: A.C.A.S. & ASSOCIATES INC

Name of Corporation

P08000028225

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:

Kathleen Bodrato

Name of Contact Person

A.C.A.S. & ASSOCIATES INC

Firm/Company

398 SE Mizner BLVD. #1922

Address

Boca Raton FL 33432

City/State and Zip Code

acasacademy@aol.com

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

For further information concerning this matter, please call:

Kathleen Bodrato

954

200-1104

at ()

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

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: A.C.A.S. & ASSOCIATES INC
2. The principal office address: 1600 South Dixie Highway, Set 106
Boca Raton, FL 33432
3. The mailing address (if different): 398 SE Mizner BLVD, #1922 Boca Raton, FL 33432
4. Date of incorporation/qualification: 03/17/2008 Document number: P08000028225

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)

Bodrato, Kathleen

8838 Thames River Dr

Boca Raton FL 33433

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

Bodrato, Kathleen

398 SE Mizner BLVD, #1922

P.O. Box NOT acceptable

Boca Raton, FL 33432

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 JAN 12 AM 11:55

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.

Kathleen Bodrato
Signature of an officer or director

Kathleen Bodrato, Title P

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.

Kathleen Bodrato
Signature of Registered Agent

1/15/15
Date

If signing on behalf of an entity:

Kathleen Bodrato

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