

P12000029433

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

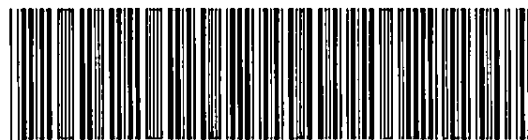
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DEC 18 AM 10:25
TALLAHASSEE, FLORIDA

DEC 19 2017
S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 30, 2017

B.J. REEVES
LAW OFFICE OF B.J. REEVES, P.A.
1779 N UNIVERSITY DRIVE STE 202
PEMBROKE PINES, FL 33024

SUBJECT: ACONEX CORP
Ref. Number: P12000029433

We have received your document for ACONEX CORP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

An individual must sign on behalf of the business entity you have designated as the registered agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young
Regulatory Specialist II

Letter Number: 817A00024148

Signature added!
[Signature]

2017 DEC 18 PM 11:25

TALLAHASSEE, FLORIDA

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

17 DEC 18 PM 4:03

RECEIVED

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ACONEX CORP

Name of Corporation

DOCUMENT NUMBER: P12000029433

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:

B.J. REEVES

Name of Contact Person

LAW OFFICE OF B.J. REEVES, P.A.

Firm/Company

1779 N. UNIVERSITY DRIVE, STE 202

Address

PEMBROKE PINES, FLORIDA 33024

City/State and Zip Code

BJ@TCTITLEINSURANCE.COM

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

For further information concerning this matter, please call:

BJ REEVES

Name of Contact Person

at (**954**) **963-4740**

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: ACONEX CORP
2. The principal office address: 1779 NORTH UNIVERSITY DRIVE, SUITE 202
PEMBROKE PINES, FLORIDA 33024
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 03/27/2012 Document number: P12000029433

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)

RICK OREN

13061 NW 5th STREET

PLANTATION, FLORIDA 33325

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

LAW OFFICE OF B.J. REEVES P.A.

1779 NORTH UNIVERSITY DR., SUITE 202

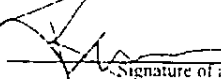
P.O. Box NOT acceptable

PEMBROKE PINES, FLORIDA 33024

DEC 18 AM 10:25
TALLAHASSEE, FLORIDA

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

RICK OREN, V.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.




Signature of Registered Agent

November 21, 2017

Date

If signing on behalf of an entity:



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 (03/12)