## 1P18aap191

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
·		

Office Use Only



400287429774

07/08/16--01010--005 \*\*35.00

TRUCKS
JUL 13 2018

16 JUL -8 PM 2:46

## **COVER LETTER**

TO: Amend

Amendment Section Division of Corporations

SUBJECT: A/C Fast Solutions Corp.

Name of Corporation

DOCUMENT NUMBER

P14000018191

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:

Alberto J Caballero

Name of Contact Person

A/C Fast Solutions Corp.

Firm/Company

6746 NW 72nd Ave

Address

Miami, FL 33166

City/State and Zip Code

miamitaxservices@aol.com

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

For further information concerning this matter, please call:

Alberto J Caballero

,786 245-1975

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

Pursyant 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 Fast Solutions Corp.	
2. The principal office address: 6746 NW 72nd Ave, Miami, FL 33166	_
2. The principal office liddless.	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 02/26/2014 Document number: P14000018191	
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)	
Orelvis Gonzalez-Gonzalez	
6710 NW 72 Ave	
Miami, FL 33166	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	1
Alberto J Caballero	f .
6746 NW 72 Ave	
P.O. Box NOT acceptable	
Miami, FL 33166	
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.	
President	
Signature of an officer or director  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.  OP 05 2016	
Signature in Registered Agent Pate	
If signing on behalf of an entity:	
Alberto J Caballero Typed or Printed Name	

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