

P15000029204

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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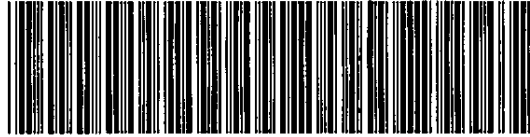
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
15 NOV 16 PM 2:46

NOV 17 2015

C LEWIS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 4, 2015

LUCIMAR VILARINO / LM TAX SERVICES  
4241 BAYMEADOWS RD SUITE 4  
JACKSONVILLE, FL 32217 US

SUBJECT: A C TRADING & SHIPPING, INC.  
Ref. Number: P15000029204

We have received your document for A C TRADING & SHIPPING, INC.. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$35.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

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

Carolyn Lewis  
Regulatory Specialist II

Letter Number: 715A00023295

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** AC TRADING & SHIPPING INC  
Name of Corporation

**DOCUMENT NUMBER:** P15000029204

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:

LUCIMAR VILARINO

Name of Contact Person

LM TAX SERVICES

Firm/Company

4241 BAYMEADOWS RD, SUITE 4

Address

JACKSONVILLE, FL 32217

City/State and Zip Code

LMTAXSERVICES2013@GMAIL.COM

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

For further information concerning this matter, please call:

LUCIMAR VILARINO MUSCH at 904 410-8344  
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

RECEIVED  
15 NOV - 3 PM 12:00

**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: AC TRADING & SHIPPING INC
2. The principal office address: 4241 BAYMEADOWS RD, SUITE 4  
JACKSONVILLE, FL 32217
3. The mailing address (if different): 4241 BAYMEADOWS RD, SUITE 4  
JACKSONVILLE, FL 32217
4. Date of incorporation/qualification: 03/30/2015 Document number: P15000029204
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)

SHAVER DOUGLAS H

1302 RIVERPLACE BOULEVARD, SUITE 1500

JACKSONVILLE, FL 32207

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

LM TAX SERVICES

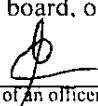
4241 BAYMEADOWS RD, SUITE 45

P.O. Box NOT acceptable

JACKSONVILLE, FL 32217

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

Antoinette Cannonier - Vice President  
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.*

Lucimar Vilarino Musch  
Signature of Registered Agent

10/26/15  
Date

If signing on behalf of an entity:

LUCIMAR VILARINO MUSCH  
Typed or Printed Name

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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