## P17000067231

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
(3.7,000.2.2.2.2.2.7)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
(2000			
0.85.10.3			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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Office Use Only



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AUG 2 8 2017

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

SUBJECT: Atlantic Coast Business Solutions, Inc.

Name of Corporation

\_\_ P17000067231

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:



Name of Contact Person

Atlantic Coast Business Solutions, Inc.

Firm/Company

6976 SW 39th Street, Unit 102

Address

**Davie, FL 33314** 

City/State and Zip Code

atlanticcbs@outlook.com

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

For further information concerning this matter, please call:

Vanessa A. Verme

,,561

569-5648

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

·	-	9502, 607.1508, or 617.1508, Florida Statutes, this ganized under the laws of the State of Florida	
in orde	r to change its registered office or reg	istered agent, or both, in the State of Florida.	
1. The name of t	he corporation: Atlantic Coast B	Business Solutions, Inc.	
2. The principal office address: 6976 SW 39th Street, Unit 102, Davie, FL 33314			
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 08/07/2017	7	
	I street address of the current registered tment of State: (If resigned, enter resigned)	d agent and registered office on file with the gned)	
	Deana Verme		
	6992 SW 39th Street #301		
	Davie, FL 33314	역	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):			
	Danny Figueroa	St. Comments	
6976 SW 39th Street, Unit 102			
	Davie, FL 33314	NOT acceptable	
The street address changed will	ess of its registered office and the stre be identical.	eet address of the business office of its registered agent.	
-		ted by its board of directors or by an officer so notified in writing of the change.	
	h/M	Vanessa A. Verme	
Signatu	re of in officer or director	Printed or typed name and title	
I further agree to performance of agent. Or-if the	my duties, and I am familiar with and	tatutes relative to the proper and complete d accept the obligation of my position as registered effect a change in the registered office address. I	
		08/16/2017	
Sig	nature of Registered Agent	Date	
If signing on be	half of an entity:		
T	yped or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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