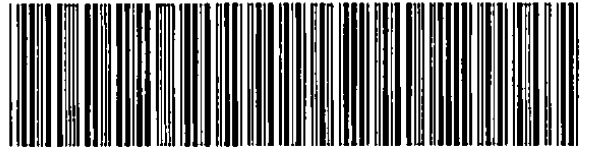


P17000081812



600372191716

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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I ALBRITTON

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ACA HOUSE 1, CORP

(Name of Corporation)

DOCUMENT NUMBER: P17000081812

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kathy Riano-Lopez

(Name of Person)

Riano & Associates LLC

(Name of Firm/Company)

9720 Stirling Road, Suite 204C

(Address)

Cooper City, FL 33024

(City/State and Zip Code)

For further information concerning this matter, please call:

Kathy Riano-Lopez at (754) 400-9896

(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

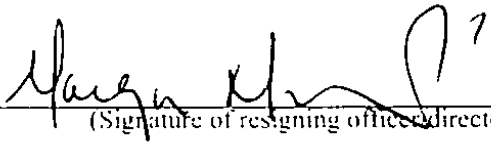
Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, MORALES-PEREZ, MARGARITA, hereby resign as President
(Title)

of ACA HOUSE 1, CORP
(Name of Corporation)

P17000081812, a corporation organized under the laws of the State of
(Document Number, if known)
Florida.


(Signature of resigning officer/director)

2021 AUG 24 PM 2:16

ESD

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314