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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

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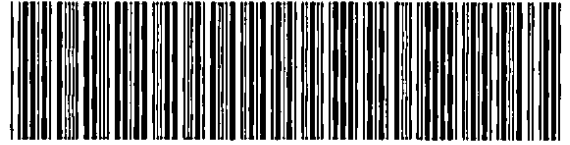
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: ACS Express Transport Inc.

Name of Corporation

DOCUMENT NUMBER: P18000074694

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:

Gerardo Suarez Acosta

Name of Contact Person

ACS Express Transport Inc.

Firm/Company

PO Box 15456

Address

Brooksville FL 34604

City/State and Zip Code

acsexpresstransport@gmail.com

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

For further information concerning this matter, please call:

Gerardo Suarez Acosta

Name of Contact Person

at ( 352 ) 797-1701

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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ACS Express Transport Inc.
2. The principal office address: 1367 Altoona Avenue  
Spring Hill FL 34609
3. The mailing address (if different): PO Box 15456  
Brooksville FL 34604
4. Date of incorporation/qualification: 08/31/18 Document number: P18000074694
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)

Gerardo Suarez Acosta

4348 Canongate Court

Spring Hill FL 34609

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

Gerardo Suarez Acosta

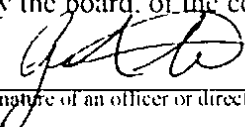
1367 Altoona Avenue

P.O. Box NOT acceptable

Spring Hill FL 34609

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

Gerardo Suarez Acosta - 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.*

  
Signature of Registered Agent

10/12/2019

Date

If signing on behalf of an entity:

Gerardo Suarez Acosta

Typed or Printed Name

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