

P18 000092395

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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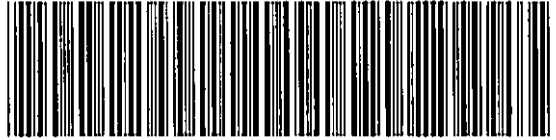
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**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ABSOOLUTE CHRISTIAN UNIVERSITY INTERNATIONAL EDUCATION COI  
Name of Corporation

**DOCUMENT NUMBER:** P18000092395

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:

ALEXANDRE SALVADOR  
Name of Contact Person

Firm/Company

Av. Getúlio Vargas, 381 - 1 andar - Glória - Vila Velha - ES  
Address

29.122-030

City/State and Zip Code

asalvador.vix@gmail.com

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

For further information concerning this matter, please call:

Dr. Daniel Dias Machado at (786) 7538547  
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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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