

PP90000 85 006

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

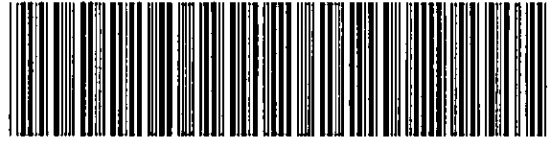
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RALPH

JAN 10 2020
I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AMERICAS CONSUMER ADVOCACY GROUP INC
Name of Corporation

DOCUMENT NUMBER: P19000085006

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:

VANESSA AMADOR

Name of Contact Person

Firm/Company

14002 NW 12TH ST

Address

PEMBROKE PINES FL 33028

City/State and Zip Code

AMADORABLE12@GMAIL.COM

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

For further information concerning this matter, please call:

VANESSA AMADOR

Name of Contact Person

at (786)

2020012

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

1. The name of the corporation: AMERICAS CONSUMER ADVOCACY GROUP INC
2. The principal office address: 14002 NW 12TH ST PEMBROKE PINES FL 33028

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 10/31/19 Document number: P19000085006

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)

VANESSA AMADOR

14002 NW 12TH ST

PEMBROKE PINES FL 33028

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

Morgan Doreen Soule

14002 NW 12TH ST

P.O. Box NOT acceptable

PEMBROKE PINES FL 33028

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

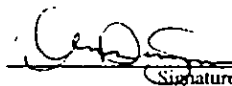
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

PATRICIA V AMADOR

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

12/3/19

Date

If signing on behalf of an entity:

Morgan Doreen Soule

Typed or Printed Name

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

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

CR2E045 (04/13)

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TALLAHASSEE, FLORIDA