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JUN 11 2014

R. WHITE

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

l. Na	me of the limited liability company: ACS PROPER	RTIES SOUTH	LLC			
2. (a)	Principal office address of limited liability company:	(p)	Mailing address of lin			y:
	(Note: MUST BE STREET ADDRESS)		(Note: MAY BE P	<u> </u>	<u>(CE BOX</u> )	
3,	Date of filing/registration in Florida	4.	Document numb	er		
5. (a)	Registered Agent and Registered Office shown on the records of the WOODS, WEIDENMILLER, MICHETTI & RU	•	ate:			
	Registered Office Address (MUST BE FLORIDA STREET A 9045 STRADA STELL COURT, FOURTH F					
	NAPLES , FL	34109	<del></del> 			
(b)			_			
, 417	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> DAVID S. GED, P.A.		on or an order	531		
	NEW Registered Office Address:  101 AVIATION DRIVE NORTH		_		E S	
	NAPLES ,FL	34104			<u>:</u>	:
the cha agent v was/wa	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the registered off bility company, i f the limited liabi limited liability c	ice and the busines t is hereby confirm- lity company or as ompany.	s office o ed that th otherwise	of the regi e change e provide	istered (s) d in
Signa	ture of a member or authorized representative of a member	MLSTR-	Printed or typed na			3/
provisi the obl to mer	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I is discounted by the change.	ee to act in this co performance of m I for in Chapter 6 sereby confirm the	apacity. I further a ty duties, and I am 05, F.S. Or, if this at the limited liabil	gree to co familiar v documen ity compo	omply wi with and it is being any has b	th the accept 3 filed een
Signatu	are of Registered Agent					

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
FILING FEE: \$25.00

INHS18 (2/14)