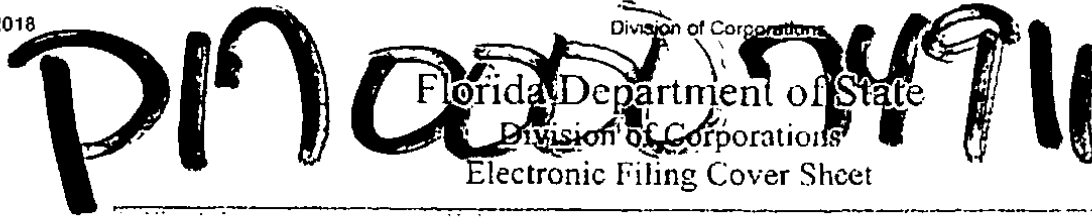


3/8/2018



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H18000076123 3)))



H180000761233ABC

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To: Division of Corporations
 Fax Number : (850)617-6380

From: Account Name : BUSINESS FILINGS
 Account Number : 105256001620
 Phone : (608)827-5300
 Fax Number : (608)827-5501

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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STATE OF FLORIDA
 TALLAHASSEE, FLORIDA

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**REGISTERED AGENT CHANGE
 ACMG INC**

Certificate of Status	0
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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: ACMG Inc

2. The principal office address: 2001 Hollywood Blvd 203, Hollywood, Florida 33020

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 9/13/2017 Document number: P17000074911

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)

BUSINESS FILINGS INCORPORATED
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

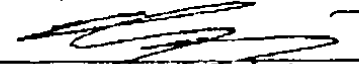
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Gavin Sokoloff
2001 Hollywood Blvd 203
Hollywood, Florida 33020
P.O. Box NOT acceptable

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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

Gavin Sokoloff, 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 Gavin Sokoloff

03/06/18

Date

If signing on behalf of an entity:

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