2001 UNIFORM BUSINESS REPORT (UBR) M99000000633 DOCUMENT # 1. Entity Name OI MAY 15 PM 12: 39 A.C.C. MANUFACTURING, LLC SECRETARY OF STATE TALLAHASSEE. FLORIDA Principal Place of Business Mailing Address 1300 LAKE WASHINGTON ROAD 1300 LAKE WASHINGTON ROAD MELBOURNE FL 32935 MELBOURNE FL 32935 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 61-1334551 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required -- 6. Name and Address of Current Registered Agent 7._Name and Address of New Registered Agent VERDE, TERRY Street Address (P.O. Box Number is Not Acceptable) 1300 LAKE WASHINGTON ROAD **MELBOURNE FL 32935** City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida ne of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State 9. MANAGING MEMBERS/MEMBERS 10. ADDITIONS/CHANGES MGRM TITLE ☐ Delete TITLE Change ☐ Addition CAMPBELL, LOUIS NAME NAME 1300 LAKE WASHINGTON ROAD STREET ADDRESS STREET ADDRESS **MELBOURNE FL 32935** CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete ☐ Change ☐ Addition NAME NAME 100004384371 STREET ADDRESS -06/08/01--01103--003 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP *****55.00 TITLE Delete TITLE Change - Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SEZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME 🔏 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the to execute this report as required by Chapter 608, Florida Statutes

Caytime Phone #