

Florida Department of State
Division of Corporations
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Tracy
R. WHITE

DEC 26 2017 from:

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

Account Name : TRIAD PROFESSIONAL SERVICES COA
Account Number : I20160000009
Phone : (770) 777-2091
Fax Number : (770) 220-1943

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

Email Address: _____

**REGISTERED AGENT CHANGE
ACC OF FLORIDA, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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DIVISION OF CORPORATIONS
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STATE OF FLORIDA
TALLAHASSEE

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

1. The name of the corporation: ACC OF FLORIDA, INC.
2. The principal office address: 630 COLONIAL PARK DRIVE, SUITE 110
ROSWELL, GA 30075
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 12/02/2016 Document number: F16000005355
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)

LOTITO, RAYMOND15310 AMBERLY DRIVE, SUITE 250TAMPA, FL 33647

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

NRAI Services, Inc.1200 S. PINE ISLAND ROAD

P.O. Box NOT acceptable

PLANTATION, FL 33324

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

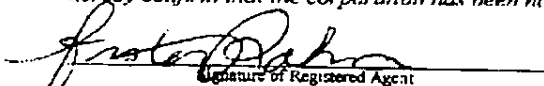
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Richard Deason, COO

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

12/22/2017

Date

If signing on behalf of an entity:

Kristen Rahm, Asst Secretary to NRAI

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 (03/12)

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