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Fax Number : (850)617-6383

From:

Account Name : HARVARD BUSINESS SERVICES, INC.

Account Number : 120080000045 Phone : (302)645-7400 : (302)645-1280 fax Number

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

Email Address: ajagtiani@milesstockbridge.com

## LLC REGISTERED AGENT CHANGE **ACY - FLORIDA LLC**

Certificate of Status	0
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Page Count	02
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## 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. 8	lame of the limited liability company: ACY - FLORID	A LLC			
2. (a)	312 THIRD ST STE 102	(h)	(b) 3+2 THIRD ST STE 102		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(**)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)		
	ANNAPOLIS, MD 21403		ANNAPOLIS, MD 21403		
	07/17/2015	М	15000005601		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a	NORTHWEST REGISTERED AGENT LLC.				
2. (0	Registered Agent and Registered Office shown on the records of the Florida Dept. of Sta 7901 4TH STREET N, SUITE 300				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		TILE TO HE OT		
	St. Petersburg, F	7L_33702			
(b	Registered Agents Inc.		STEEL		
	Enter name of NEW Registered Agent and/or NEW Registered Office address:		<u></u>		
	7901 4th Street N. Ste 300				
	NEW Registered Office Address:		<del></del>		
	St. Petersburg , F	L_33702			
chang agent was/v	limited liability company is not organized under the lage or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited layere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	ne registered liability com s of the limite	office and the business office of the registered pany, it is hereby confirmed that the change(s) and liability company or as otherwise provided in		
Sign	ature of a member or authorized representative of a member		Printed or typed name of signee		
provi. the oi to me	ehy accept the appointment as registered agent and as sions of all statutes relative to the proper and completed igations of my position as registered agent as provided rely reflect a change in the registered office address, it is still a change in the constitution of this change.	gree to act in e performan led for in Chi I hereby conj	this capacity. I further agree to comply with the ce of my duties, and I am familiar with and accept upter 605, F.S. Or, if this document is being filed irm that the limited liability company has been		
Signa	ure of Registered Agent				

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