I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SCOTT CAMIRE

Electronic Signature of Signing Officer/Director Detail

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000137042

Entity Name: A.C. ADVANTAGE, INC.

Current Principal Place of Business:

1926 SW BILTMORE STREET PORT ST. LUCIE. FL 34984

Current Mailing Address:

1926 SW BILTMORE STREET PORT ST. LUCIE. FL 34984

FEI Number: 14-1940193

Name and Address of Current Registered Agent:

CAMIRE, SCOTT 1926 SW BILTMORE STREET PORT ST. LUCIE, FL 34984 US

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.

SIGNATURE:

Officer/

| Title | DP | Title | DVP |
|-----------------|---------------------------|-----------------|---------------------------|
| Name | CAMIRE, SCOTT | Name | CAMIRE, NANCY |
| Address | 1302 S.W. MAPLEWOOD DRIVE | Address | 1302 S.W. MAPLEWOOD DRIVE |
| City-State-Zip: | PORT ST. LUCIE FL 34986 | City-State-Zip: | PORT ST. LUCIE FL 34986 |

| | Electronic Signature of Registered Agent | | | | |
|--------------------|--|----------|---------------|--|--|
| /Director Detail : | | | | | |
| | DP | Title | DVP | | |
| | CAMIRE, SCOTT | Name | CAMIRE, NANCY | | |
| | | 1 ddraca | | | |

OWNER

Certificate of Status Desired: No

FILED Apr 13, 2021 Secretary of State 6578933390CC

Date

04/13/2021 Date