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COVER LETTER

TO: Registration Section Division of Corporations	
400 HOLDINGO 11 O	
SUBJECT: ACC HOLDINGS, LLC Name of Limited Liability Company	
Dear Sir or Madam:	
The enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
Christopher E. Andon Name of Person	
Name of Person	29 15 10 10
ACC HOLDINGS, LLC Firm/Company	AUG 30
· ·····	다 PM 2: 1
729 Winterfield Court Address	
Bel Air, MD 21015 City/State and Zip Code	
E-mail address: (to be used for future annual report	notification)
For further information concerning this mat	tter, please call:
Christopher Andon Name of Person	at (443)
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
Enclosed is a check for the following	ing amount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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. 1. Name of the limited liability company: ACC HOLDINGS. LLC 2. (a) Principal office address of limited liability company: 729 Winterfield Court (Note: MUST BE STREET ADDRESS) Bel Air. MD 21015 (b) Mailing address of limited liability company: 729 Winterfield Court (Note: MAY BE POST OFFICE BOX) Bel Air, MD 21015 L09000085524 09/03/2009 4. Document number 3. Date of filing/registration in Florida 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Agent: CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Registered Office Address: **PLANTATION, FL 33324** (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: Lance A. Geller, P.A. **NEW** Registered Agent: Trigg. 1680 Michigan Avenue **NEW** Registered Office Address: 77 (MUST BE FLORIDA STREET ADDRESS) Suite 700 No Miami Beach 33139 If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Christopher E. Andon Printed or typed name of signee 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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change. Signature of Registered Agent Lance Geller

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