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TALLAHASSEE, FLORIDA

2010 JUN 10 AM 9:51

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JUN 11 2010

EXAMINER

LOG-86728

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A&C Lifestyle Management, 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 this matter to the following:

Craig Hotchkiss

Name of Person

A&C Lifestyle Management, LLC

Firm/Company

780 NE 69th Street Unit 707

Address

Miami, Florida 33138

City/State and Zip Code

Craig@aclifestyle.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Craig Hotchkiss

Name of Person

at (305)

762-7667

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: A&C Lifestyle Management, LLC

2. (a) Principal office address of limited liability company: _____



(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company: _____



(Note: MAY BE POST OFFICE BOX)

3. Date of filing/registration in Florida _____

4. Document number _____

5. (a) Registered Agent and Registered Office shown on the records of the Florida Department of State: _____

Registered Agent: _____

Corporation Service Company

Registered Office Address: _____

1201 Hays Street
Tallahassee, Florida 32301

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**: _____

NEW Registered Agent: _____

Craig Hotchkiss

NEW Registered Office Address: _____

(MUST BE FLORIDA STREET ADDRESS)

780 NE 69th Street

Unit 707

Miami, FL 33138

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 _____

Craig Hotchkiss

Printed or typed name of signer

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 _____

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00