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	(Requestor's Name)			
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. (Address)				
	(Address)			
· · · · · · · · · · · · · · · · · · ·	(City/State/Zip/Phone #)			
PICK-U	IP WAIT	MAIL		
	(Business Entity Name)			
	(Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of Statu	s		
Special Instructions to Filing Officer:				
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Office Use Only



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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

1. 8	Tame of the limited liability company: ACMS of Sur	nter, LLC			
2. (a)	835 CR 529		(b) 835 CR 529		
(u.	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Lake Panasoffkee, FL 33538		ake Panasoffkee, FL 33538		
	4/27/2012		2000058029		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a	Charles S. Dean, Jr.				
`	Registered Agent and Registered Office shown on the records of 2031 North C-470	the Florida De	pt. of State:		
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
	Lake Pansoffkee FI	33538	17 SEE		
(b	Charles S. Dean, Jr.		OCT		
(0)	Enter name of NEW Registered Agent and/or NEW Registered	388 (397)			
	835 CR 529		TOCT 10 MM 7:21 LLAHASSEE FLORID		
	NEW Registered Office Address:		TAIC ARION		
	Lake Panasoffkee FI	33538			
the chagent was/v the ar Sign I her provi	limited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the attraction of the authorized representative of a member reby accept the appointment as registered agent and agricultures of all statutes relative to the proper and complete or the proper and complete rely reflective change in the registered agent as provide rely reflective change in the registered office address. I are the registered of this change in the registered of the relative of the registered Agent	f the register iability compof the limited liab	red office and the business office of the registered pany, it is hereby confirmed that the change(s) I liability company or as otherwise provided in ility company. Printed or typed name of signee this canacity. I further garree to comply with the		