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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 : (888)705-7274 Fax Number : (888)706-7274

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

Email	Address:				
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LLC REGISTERED AGENT CHANGE ACR TARIDA, LLC

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APR 0 3 2020

COVER LETTER,

TO: Registration Section Division of Corporations	
SUBJECT: ACR Tarida, LLC	
	Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Mary Castillo	
Name of Person	
Registered Agent Solutions, Inc.	
Firm/Company	
1701 Directors Blvd, Suite 300	
Address	
Austin, TX 78744	
City/State and Zip Code	
E-mail address: (to be used for future annual a	report notification)
For further information concerning this matter, plea	ise call:
Mary Castillo	888 705-7274
Name of Person	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 amo	ount:
□ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
INHS18 (2/14)	

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

I. Na	me of the limited liability company: ACH	Tarida.	LLC				
2. (a)	C/O INTERNATIONAL TAX & COMMERC	ELLC	b) C/O INTI	ERNATIONA	L TAX & C	ОММЕ	RCE LLC
()	Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS) 12025 RIVERHILLS DRI	y :	Mailing address of limited liability company: (Note: MAY RE POST OFFICE BOX) 12025 RIVERHILLS DRIVE				<u>0.0</u> 0
	TAMPA, FL 33617		TAM	PA, FL	3361	7	
	8/14/2014	·····	L1400	001275	95		
3.	Date of filing/registration in Florida	4.		Document n	umber		
5. (a)	INTERNATIONAL TAX & COMMERCE	ADVISOF	S, LLC	_			
	Registered Agent and Registered Office shown on the reconstruction of the Registered Office Address **Registered Office Address** **CHARGE STREET** **Registered Office Address** **The Registered Office Address** **The Reg				1	202	
	TAMPA	, _{fl} 336	17	_	- 1	2020 APR -	; * ; *
(b)	Registered Agent Solutio			_		2 AH	·
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regi</u>	stered Office s	ddress:			AH 10: 34	Cam
	155 Office Plaza Dr.	· · · · · · · · · · · · · · · · · · ·		_	42:	34	
	NEW Registered Office Address: Suite A			_			
	Tallahassee	_{FL} 323	RO1				

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.

/s/ Magdalena Rodriguez Vadillo

Magdalena Rodriguez Vadillo Manager

Signature of a member or authorized representative of a member

Mackenzie Hart, Asst Secretary

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 605, F.S. Or, if this document is being filed 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