## L15000117053

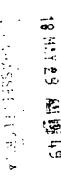
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MAY 30 2018

## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: ACS Corporate UC  Name of Limited Liability Company			
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Change ar	nd fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:			
Tracy Cabrera Name of Person			
ACS Corporate UC Firm/Company			
1712 E Seward St Address			
Tumpu, FL 33604 City/State and Zip Code			
E-mail address: (to be used for future annual report no			
For further information concerning this matter, please call:			
Tracy Cabrera at (815) Name of Person	3 ) <u>US · 503</u> Area Code & Daytime Telephone Number		
Registration Section Edition of Corporations Edition Building Edition	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, Florida 32314		
Enclosed is a check for the following amount:			
\$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 Florida.

1. Name of the limited liability company: ACS	orporate LLC
2. (a) 1712 E Seward St	(b) 1712 E Seward St
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
19mpa, FL 33604	Tampa, FL 33604
7/7/2015	L15000117 053
3. Date of filing/registration in Florida	4. Document number
5. (a) Brick Business Law : PA	
Registered Agent and Registered Office shown on the records of th	e Florida Dept. of State:
400 N Ashley Drive	
Registered Office Address (MUST BE FLORIDA STREET AL	DDRESS)
Suite 2600	<u></u> :
Tampa , FL	33602
Right Day of Law M	
(b)	<u>†                                     </u>
A A	Office address:
100 S Ashley Drive	, <del>, , , , , , , , , , , , , , , , , , </del>
NEW Registered Office Address:	
Suite 620	
Tanan	321001
<u>lampa</u> , FL	33002
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 agent will be identical. Or, in the case of a Florida limited liab	pility company, it is hereby confirmed that the change(s)
was/were authorized by an affirmative vote of the members of the articles of organization or the operating agreement of the li	the limited liability company or as otherwise provided in mited liability company.
$\mathcal{H}()$	Josue Cabrera
Signature of a member or authorized representative of a member	Printed or typed name of signee
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p	e to act in this capacity. I further agree to comply with the erformance of my duties, and I am familiar with and accent
provisions of all statutes relative to the proper and complete p the obligations of my position as registered agent as provided to merely reflect a change in the registered office address, I he	for in Chapter 605, F.S. Or, if this document is being filed reby confirm that the limited liability company has been
notified in writing of this change.	
Signature of Registered Agent	