## 1/600029342

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K. SALY FEB 22 2017

## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT:AC	ASDIRE LLC
30B0ECT:	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	ng this matter to the following:
Jennie Ber Name of Person	050N
-	
Firm/Company	
3441 N.W. 17(	om street
MIAMI GALOINS City/State and Zip Co	1FC 3305Φ
E-mail address: (to be Jased for future	byahoo (COM) e annual report notification)
For further information concerning this many formation concerning the	1 2000 2000 2000
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 follo	wing 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

1 1	me of the limited liability company AC Aspire LLC
<ol> <li>Na</li> <li>(a)</li> </ol>	2425 Commercial Blvd #400 (b) same as office address
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  (Note: MAY BE POST OFFICE BOX)
	PORT COUCOCOCCE, PC
	<u> </u>
	February 11, 2016 L160000029342
3. (a)	Date of filing/registration in Florida  4. Document number  INCGIE O COM/Legaline, Comparate Selevicity in c
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	buile and
	Fort Myers, FL = 33907  Jennie Bonson
(b)	Jennie Bonson
(-,	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	Enter name of NEW Registered Agent and/or NEW Registered Office address:  3441 N. W. 176 th Street
	NEW Registered Office Address:
	MIAMI GARDENS 33056
the cha agent v	mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after nge or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) are authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in cless of organization or the operating agreement of the limited liability company.
_	the of a member or authorized representative of a member   Irinted or typed name of signee
the obl	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ons of all statutes relative to the proper and complcte performance of my duties, and I am familiar with and accept igations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed ely reflect a change in the registered office address, I hereby confirm that the limited liability company has been I in writing of this change.
Signaru	re of Registered Agent
V	Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00