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06/18/23--01009--019 **25.00





COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT:

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:

Name of Person 201 ~ Firm/Company 4005 ベイチ ノナ Address , FU 33 37 City/State and Zip Code •• сþ b. Greg E9C 2M(1) - (.UM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call;

BIGN(U at (786) 443 1740 Name of Person Area Code & Daytime Telephone Number SPESUM

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

• 1

Enclosed is a check for the following amount:

\$25 Filing Fee

□ \$55 Filing Fee & Certified Copy

Street Address:

Registration Section

Division of Corporations

The Centre of Tallahassee

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 2017 UC	
2. (a) (b)	Mailing address of limited liability company: (<u>Note: MAY BE POST OFFICE BOX</u>)) NE_31S+S+UNIT 4001 MI_JEC_33137
3. 4113117 11 3. Date of filing/registration in Florida 4.	1000583659 Document number
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of SVES(M, B, GNL) Registered office Address (MUST BE FLORIDA STREET ADDRESS) D() C SN(c) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	State:
Fort Gudenlale .FL 33301	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> : <u>SVCLUL</u> <u>BIGNLC</u> <u>NEW Registered Office Address</u> : <u>480 NF 315+ 5+ UNH 4005</u> <u>MIGM</u>	
If the limited liability company is not organized under the laws of the State of change or changes are made, the Florida street address of the registered office agent will be identical. Or, in the case of a Florida limited liability company, was/were authorized by an affirmative vote of the members of the limited liability of the articles of organization or the operating agreement of the limited liability of signature of a member or authorized representative of a member.	and the business office of the registered it is hereby confirmed that the change(s) ility company or as otherwise provided in company. Arinted or typed name of signee apacity. I further agree to comply with the ny duties, and I am familiar with and accept

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25.00