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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone Fax Number

: (307)200-2803 : (855)330-1010

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LLC REGISTERED AGENT CHANGE ACCELERATOR MARKETING GROUP LLC

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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.

(a)		(b)				
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address (Note: MAY)	of limited liab <i>BE P<u>OST OF</u></i>		
	12715 NIGHTSHADE PLACE		12715 NI	IGHTSHADE P	•		
	LAKEWOOD RANCH, FL 34202		LAKEW	OOD RANCH,	FL 34202		
	07/25/2017		L17000156	6526			
	Date of filing/registration in Florida	4.		Document m	umber		·
(a)	HUESTON, ANTHONY, III CPA						
(a)	Registered Agent and Registered Office shown on the records of	f the Florid	a Dept. of St	ate:			
	8792 SR 70 E						
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u>S)</u>				
	BRADENTON	34202			<u>(c</u>	. 21	
	FRADENTON	L		_	<i>≥</i> \$	020	
(b)	Registered Agents Inc.					MAR	
(0)	Enter name of NEW Registered Agent and/or NEW Registere	d Office a	ddress:		• :	0	4
	7901 4th St N STE 300					PHI	1 4 6
	NEW Registered Office Address:			<u> </u>	SECR. SET STATE	2: 29	'فيسِيهُ
	St. Petersburg . F	33702 L					
hange gent vas/w he art	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the Rilly Tak.	e registe liability c of the line e limited	red office a ompany, it mited liabil	and the busines t is hereby conf lity company o ompany.	s office of t firmed that t r as otherwi	ne regis he char se prov	ige(s)
_	ature of a member or authorized representative of a member				ed name of sig		
rovis he ob	by accept the appointment as registered agent and as ions of all statutes relative to the proper and complet ligations of my position as registered agent as provid ely reflect a change in the registered office address, t ed in writing of this change.	gree to ac e perform led for in I hereby (et in this can nance of m Chapter 6 confirm the	apacity. I furth by duties, and I 05, F.S. Or, if at the limited li	er agree to am familiar this docume ability comp	comply with arent is be pany ha	with the id accep ing filed s been