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(Red	questor's Name)
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PICK-UP	WAIT MAIL
/Rus	siness Entity Name)
(503)	Siness Clinty (ABINE)
(Doc	cument Number)
⊋a Copies	Certificales of Status
ec al Instructions to Film	g Officer:
	J. HORNE FEB 2 0 2023
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Office Use Only



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CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

D	Acc#120160000072
	Acc#I20160000072
Name:	ACS 2, LLC
Document #:	
Order #:	14790124 - 1
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of Apostille/Notarial Certification:	Country of Destination:
	Number of Certs:
Filing: 🗸	Certified: Email Address for Annual Report Notifications: Plain: COGS:
Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amount: \$ 25.00

Thank you!

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: ACS 2, LLC					
Name of	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 i	matter to the following:				
George A. Smith					
Name of Person					
Bradley Arant Boult Cummings LLP					
Firm/Company					
200 Clinton Avenue West, Suite 900					
Address					
Huntsville, AL 35801-4900					
City/State and Zip Code					
gsmith@bradley.com					
E-mail address: (to be used for future annua	report notification)				
For further information concerning this matter, pl	ease call:				
George A. Smith	256 517-5129 at ()				
Name of Person	Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS:	MAILING ADDRESS:				
Registration Section	Registration Section				
Division of Corporations	Division of Corporations				
Clifton Building	P.O. Box 6327				
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, 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.	Na	me of the limited liability company: ACS 2, LLC						
2.	(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 2420 New Tampa Highway	_ (b)	PO Box 81	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
		Lakeland, FL 33815						
		02/17/2021	1	.210000800	054			
3.	(a)	Date of filing/registration in Florida CLARK, CAMPBELL, LANCASTER & MUNSON, P.A.	4.		Document number			
5.	(a)	Registered Agent and Registered Office shown on the records of th	Dept. of State	- ^y :				
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 500 South Florida Ave., Ste. 800			202 : SEI SALI			
		Lakeland, FL 3	33801		•		2023 FEB	;]
(1.3	(b)	C T Corporation System			•			-
	(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:		re <u>ss</u> :	-		17 PN 12: 00	\Box
		NEW Registered Office Address:			-		0	£
		1200 South Pine Island Road						
		Plantation , FL	33324					
the age wa	cha int v s/vyt	imited liability company is not organized under the law- inge or changes are made, the Florida street address of t vill be identical. Or, in the case of a Florida limited liab er a street by an affirmative vote of the members of the organization or the operating agreement of the li	the regist bility cor the limit imited lia	ered office npany, it is ted liability	e and the business of s hereby confirmed y company or as of	office of that the	the reg	gistered e(s)
ے s	ignal	un of a member or authorized representative of a member			Printed or typed name	of signee		
I h pro the to t	eret visi obl nere	by accept the appointment as registered agent and agre onk of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I he I in writing of this change.	performa for in Ci ereby coi	in this cape nce of my c hapter 605 nfirm that	acity. I further avr	ee to co	molv u	oith the l accept ng filed been
By:	natu	CT Corporation System [15] David Westcott, Assistant Secretar re of Registered Agent	ry					

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