CT CORPORATION OOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOO				
		02 F		
ACC Holdings II, LLC		FEB 22 FEB 22 CREINRY		
		AM DO		
		ORIGINAL S		
() Profit () Nonprofit	() Amendment	() Merger		
() Foreign	() Dissolution/Withdrawal () Reinstatement	() Mark		
() Limited Partnership () LLC	() Annual Report () Name Registration () Fictitious Name	() Mark () Other (X) Change of RAC () UCC () CUS		
() Certified Copy	() Photocopies	() UCC () CUS () After 4:20		
() Call When Ready (x) Walk In () Mail Out	() Call If Problem () Will Wait	() After 4:30 (x) Pick Up		
Name	2/22/02	Order#: 5112009		
Availability Document		400004990814 -02/22/0201024014 Ref#: *****25.00 ******25.00		
Examiner Updater Verifier	-	Kein.		
W.P. Verifier	- -	Amount: \$		

660 East Jefferson Street _ Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

A CCH LEGAL INFORMATION SERVICES COMPANY

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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. The name of th	e limited liability company is:	ACC holdings II, LLC	
2. The mailing ad	dress of the limited liability co	mpany is :	
1 North Main Street,	Coudersport PA 16915		_
A33.05.0001		M01000000921	
April 25, 2001 3. Date of filing/registration in Florida		• • • • • • • • • • • • • • • • • • • •	
3. Date of filing/fe	egistration in Florida	4. Document nu	moer
5. The name of the Florida Departm	registered agent and the registent of State:	tered office address as shown	on the records of the
	Corporation Service Comp	pany	_
		Name	
	1201 Hays Street		•
		Address	
	Tallahassee FL 32301	State and Zip	
	City,	State and Zip	
6. The name and a	ddress of the new registered ag	ent and/or office:	B 22 HASS
	C T Corporation System		
		łame	OF STA
	1200 South Pine Island Roa		
		(P.O. Box NOT acceptable)	
	Piorida succi addicas	(1.0. Box NOT acceptable)	
14	Plantation	FL 33324	
	City, St	ate and Zip	
confirmed that afte and the business of liability company, it he members of the the operating agree (Signature of a member of the state of	ity company is not organized up the change or changes are mare fice of the registered agent will it is hereby confirmed that the limited liability company or a ment of the limited liability company or authorized representative of a member of the limited liability company or authorized representative of a member of signee.	ide, the Florida street address I be identical. Or, in the case change(s) was/were authorize s otherwise provided in the ar mpany.	of the registered office of a Florida limited d by an affirmative vote of
comply with the pro and I am familiar w Chapter 608, F.S. address, I hereby of C T Corporation System (Signature of Refristered	hu-	to the proper and complete poor of my position as registered a led to merely reflect a change company has been notified in	erformance of my duties, agent as provided for in in the registered office writing of this change.
INHS18(10/99)	FILING	G FEE: \$25.00	