

M15000000 381

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

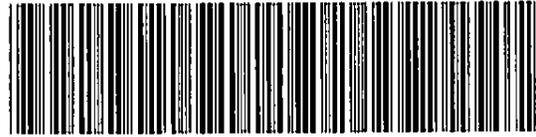
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:  
  
J. HORNE  
OCT - 9 2025

Office Use Only



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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2025 OCT - 8 AM 8:35

RECEIVED  
2025 OCT - 8 PM 3:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CSC - Tallahassee  
1201 Hays Street  
Tallahassee, FL 32301-2607  
850-558-1500, Ext: x62969

To: Department Of State, Division Of Corporations  
From: Amanda Miller - Amanda.Miller@cscglobal.com  
Ext: x62969  
Date: 10/08/25  
Order #: 4518993-1  
Re: Acceleration Academies, LLC  
Processing Method: Routine

A handwritten signature in black ink, appearing to read "Amanda Miller", is written over the signature line of the header information.

TO WHOM IT MAY CONCERN:

Enclosed please find:

Change of Registered Agent and Office  
Check in the amount of: \$25.00 - FL State Account Number: I20000000195

Please take the following action:

File on a routine basis  
Issue proof of filing  
Return evidence to the following:  
ATTN: Amanda Miller  
c/o Corporation Service Company  
251 Little Falls Drive  
Wilmington, DE 19808

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

**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: ACCELERATION ACADEMIES, LLC

2. (a) 910 West Van Buren Suite 315 (b) 910 West Van Buren Suite 315  
 Principal office address of limited liability company: Mailing address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)* *(Note: MAY BE POST OFFICE BOX)*

Chicago, IL 60607

Chicago, IL 60607

01/02/2015

M15000000381

3. 01/02/2015 Date of filing/registration in Florida 4. M15000000381 Document number

5. (a) SUNDSTROM, DAVID  
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

12029 CRANEFoot DR.

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

JACKSONVILLE, FL 32223

(b) Corporation Service Company  
 Enter name of NEW Registered Agent and/or NEW Registered Office address:

1201 Hays Street

NEW Registered Office Address:

1201 Hays Street

Tallahassee, FL 32301

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 2025 OCT -8 AM 8:35

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

/s/ David Sundstrom  
 Signature of a member or authorized representative of a member

David Sundstrom, Auhtorized Signer  
 Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

/s/ Grace E. Kirby  
 Signature of Registered Agent

Grace E. Kirby, Asst. Vice President of Corporation Service Company  
 Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
**FILING FEE: \$25.00**