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2/26/2018

Division of Corporations

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6383

FEB 2 6 2013

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338

Fax Number . : (954)208-0845

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one: email address please. **

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LLC REGISTERED AGENT CHANGE ACER EXHIBITS AND EVENTS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

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)	1601 CLARK ROAD (b) 1601 CLARK ROAD
	Principal office address of limited liability company: Mailing address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
	HAVRE DE GRACE, MD 21078 HAVRE DE GRACE, MD 21078
٠.	
,	.9/6/2016 M16000007182
. '	Date of filing/registration in Florida 4. Document number
(a)	
(u).	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
٠,	CASH, CANDICE
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	10103 SAILWINDS BLVD N UNIT F101
	LARGO 33773
h 1	[
b) .	Enter name of NEW Registered Agent and/or NEW Registered Office address:
•	TO TO THE STATE OF
	C T Corporation System
	NEW Registered Office Address:
	1200 South Pine Island Road
`,	
	Plantation FL 33324
e li	mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after
chai	nge or changes are made, the Florida street address of the registered office and the business office of the registered vill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s)
we	re authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in
artig	cles of organization or the operating agreement of the limited liability company. Aaron Hankins
man	ure of a member or authorized representative of a member Printed or typed name of signee
reb	w accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the
isio obli ere	ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept gations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed by reflect a change in the registered office address, I hereby confirm that the limited liability company has been
rea	In writing of this change
	e of Registered Agent
arui	