## P06000041878

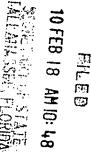
| (Requestor's Name)                      |  |  |  |  |  |  |  |
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| (Address)                               |  |  |  |  |  |  |  |
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| (Address)                               |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |  |  |  |
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| PICK-UP WAIT MAIL                       |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |  |  |
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| Certified Copies Certificates of Status |  |  |  |  |  |  |  |
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| Special Instructions to Filing Officer: |  |  |  |  |  |  |  |
| Special metadations to 1 amig Officer.  |  |  |  |  |  |  |  |
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Office Use Only



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## **COVER LETTER**

| TO: Amendment Sec<br>Division of Corp               |   |   |    |  |  |  |  |
|---|---|---|----|--|--|--|--|
| SUBJECT: American Control Solutions, Inc.           |   |   |    |  |  |  |  |
|   | Name of Co                              | rporation   |    |  |  |  |  |
| DOCUMENT NUMBE                                      | R: P060                                 | 00041878  |    |  |  |  |  |
| The enclosed Statement                              | of Change of Registered Office/         | Agent and fee are submitted for filing.                 |    |  |  |  |  |
| Please return all correspo                          | ondence concerning this matter t        | o the following:  |    |  |  |  |  |
|   |   |   |    |  |  |  |  |
| . 4   | Donald Smith-                           |   |    |  |  |  |  |
| Name of Contact Person                              |   |   |    |  |  |  |  |
|   |   |   |    |  |  |  |  |
| American Control Solutions, Inc.                    |   |   |    |  |  |  |  |
|   | Firm/Con                                |   |    |  |  |  |  |
|   |   | • •   |    |  |  |  |  |
|   | 7007 Dawcons                            | Crook Drive   |    |  |  |  |  |
|   | 7997 Dawsons                            |   |    |  |  |  |  |
|   | Audie                                   | ,   |    |  |  |  |  |
|   |   |   |    |  |  |  |  |
|   | Jacksonville Flo                        | orida, 32222  |    |  |  |  |  |
| Jacksonville Florida, 32222 City/State and Zip Code |   |   |    |  |  |  |  |
|   | da: 4L 7007 G                           | and and   |    |  |  |  |  |
|   | dsmith7987@                             | gaoi.com<br>ture annual report notification)            |    |  |  |  |  |
| E-III   | an address. (to be used for tu          | ture annual report nouncation)                          |    |  |  |  |  |
|   | •                                       |   |    |  |  |  |  |
| For further information of                          | concerning this matter, please ca       | <b>Ш:</b>   |    |  |  |  |  |
| Doi   | nald Smith                              | at ( 954 ) 251-9567                                     |    |  |  |  |  |
| Name of   | Contact Person                          | at (954) 251-9567<br>Area Code & Daytime Telephone Numb | er |  |  |  |  |
| Enclosed is a \$35.00 che                           | cck made payable to the Departn         | nent of State.  |    |  |  |  |  |
|   | Mailing Address:                        | Street Address:   |    |  |  |  |  |
|   | Mailing Address:<br>Amendment Section   | Amendment Section                                       |    |  |  |  |  |
|   | Division of Corporations                | Division of Corporations                                |    |  |  |  |  |
|   | P.O. Box 6327                           | Clifton Building  |    |  |  |  |  |
|   | Tallahassee, FL 32314                   | 2661 Executive Center Circle                            |    |  |  |  |  |
|   | • | Tollahaccaa El 20201                                    |    |  |  |  |  |

TO:

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| statement of cha   | nge is submitted for a   | corporation organized  | 07.1508, or 617.1508, Flo<br>under the laws of the Sta<br>agent, or both, in the Stal                           | te of Florida   |  |  |
|--|--|--|---|---|--|--|
| 1. The name of (   | he corporation: Ame  | rican Control So   |   |   |  |  |
| 3. The mailing a   | ddress (if different):   |  |   |   |  |  |
| 4. Date of incorp  | poration/qualification:  | March 23, 2006   | Document number:  | P06000041878  |  |  |
|  | I street address of the c<br>trnent of State: (If resign   |  | and registered office on f  | file with the   |  |  |
|  | UNITED STATES  | S CORPORATION  | AGENTS, INC.  |   |  |  |
|  | 13302 WINDING OAKS BLVD. SUITE A-100   |  |   |   |  |  |
|  | TAMPA FLORID   | A, 33612-3425  |   | <b>E</b> # 3  |  |  |
| 6. The name and (if changed):  | l street address of the r  | new registered agent (if   | changed) and /or register   | red office ASS  |  |  |
|  | Donald Smith   |  |   | —— \$\frac{\partial \text{P}}{2\partial \text{P}} \text{AR \$\text{B}\$}                    |  |  |
|  | 7997 Dawsons C   | P.O. Box NOT acco  |   |   |  |  |
|  | Jacksonville Flor  |  | <b>диа</b> оте  | <b>☆ ☆</b>  |  |  |
| The street addr  | ess of its registered of<br>be identical.  | fice and the street add  | ress of the business offic  | ce of its registered agent,   |  |  |
| =  |  |  | its board of directors or<br>d in writing of the chan   |   |  |  |
| Signati  | Donald Smith - President Signature of an officer or director  Donald Smith - President Printed or typed name and title         |  |   |   |  |  |
| I hereby accept<br>I further agree<br>of my duties, ar<br>document is be<br>corporation ha | the appointment as re<br>to comply with the prod<br>I am familiar with a<br>ing filed merely to ref<br>s been notified in writ | egistered agent and agovisions of all statutes and accept the obligat lect a change in the reing of this change. | gree to act in this capaci<br>relative to the proper a<br>ion of my position as reg<br>gistered office address, | ity.<br>nd complete performance<br>gistered agent. Or, if this<br>I hereby confirm that the |  |  |
| Signature of Registered Agent  |  |  | 2/15/2  | 2/15/2010   |  |  |
|  | enature of Registered Agent  |  | Date  |   |  |  |
|  | Typed or Printed Name  |  |   |   |  |  |

\* \* \* FILING FEE: \$35.00 \* \* \*