## P150000197115

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Cil	ty/State/Zip/Phone	<del>= #)</del>
PICK-UP	☐ WAIT	MAIL
. (Bu	isiness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		





700297549867

04/20/17--01006--022 \*\*35.00

ZOITAPR 20 AN IO: 39

20/00/

APR 21 2017 'I ALBRITTON

## **COVER LETTER**

TO:

Amendment Section Division of Corporations

Name of Corporation
POSCUMENT NUMBER P15000019765

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jonathan Branson

Name of Contact Person

Acromic, Inc.

Firm/Company

50 Lakeview Reserve Boulevard

Address

Winter Garden, FL 34787

City/State and Zip Code

jbranson@acromic.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jonathan Branson

,,321 \312-078

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:** 

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

**Street Address:** 

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of Florida rto change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	he corporation: Acromic, Inc.
2. The principal Oviedo, F	office address: 1116 Needlewood Loop
3. The mailing a	ddress (if different):
4. Date of incorp	poration/qualification: 02/27/2015 Document number: P15000019765
5. The name and	street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)
	Jonathan Branson
	1116 Needlewood Loop
	1116 Needlewood Loop  Oviedo, FL 32765  street address of the new registered agent (if changed) and /or registered office
6. The name and (if changed):	Street address of the new registered agent (if changed) and /or registered office.  Jonathan Branson
	Jonathan Branson
	50 Lakeview Reserve Boulevard
	P.O. Box NOT acceptable
	Winter Garden, FL 34787
The street addre as changed will	ss of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	s authorized by resolution duly adopted by its board of directors or by an officer so be board, or the corporation has been notified in writing of the change.
Nienatui	Jonathan Branson, President Printed or typed name and title
I hereby accept I further agree t performance of	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered s document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.
Sign	insture of Registered Agent Date
U	half of an entity:
Jonathan B	ranson

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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