

P17000098683

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

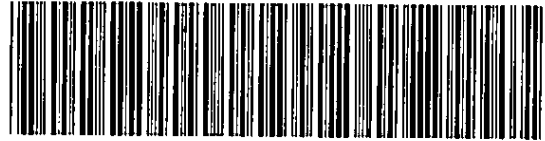
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: ACS Subs Inc  
Name of Corporation

DOCUMENT NUMBER: D17000098683

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:

Daniel Steppling  
Name of Contact Person

ACS Subs Inc  
Firm/Company

1021 SW Pine Tree Ln  
Address

Palm City, FL 34990  
City/State and Zip Code

E-mail address: (to be used for future annual report notification)  
dsteppling@gmail.com

For further information concerning this matter, please call:

Daniel Steppling at ( 772 ) 233-5249  
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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

SECRETARY OF STATE  
TALLAHASSEE, FL

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FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 9, 2021

DANIEL STEPPLING  
1021 SW PINE TREE LANE  
PALM CITY, FL 34990

SUBJECT: ACS SUBS, INC  
Ref. Number: P17000098683

We have received your document for ACS SUBS, INC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

The fee to file your document is \$35.

There is a balance due of \$10.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 221A00000472



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2021 JAN 26 1:09

January 26, 2021

DANIEL STEPPLING  
1021 SW PINE TREE LANE  
PALM CITY, FL 34990

SUBJECT: ACS SUBS, INC  
Ref. Number: P17000098683

We have received your document for ACS SUBS, INC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

The attached form must be completed in order to file the document.

The fee to file your document is \$35.

There is a balance due of \$10.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 321A00001791

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ACS Subs Inc
2. The principal office address: 1021 SW Pine Tree Ln, Palm City, FL 34996
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 11/9/07 Document number: P170000 986 83
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Legal Corps Solutions LLC  
3440 W Hollywood Blvd, Ste 415  
Hollywood, FL 33021

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Daniel Stepply  
1021 SW Pine Tree Ln  
Palm City, FL 34996

P.O. Box NOT acceptable

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Daniel Stepply  
Signature of an officer or director

Daniel Stepply  
Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Daniel Stepply  
Signature of Registered Agent

2-9-21  
Date

If signing on behalf of an entity:

Daniel Stepply  
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (04/13)

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TALLAHASSEE, FL