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Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : LATHAM, SHUKER, EDEN & BEAUDINE, LLP
Account Number : I20000000025
Phone : (407) 481-5800
Fax Number : (407) 481-5801

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Email Address: MFRANKLIN@LSEBLAW.COM ✓

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REGISTERED AGENT CHANGE
ADVANCED COMMUNICATION SOLUTIONS, INC.

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Page Count	02
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**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1504, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ADVANCED COMMUNICATION SOLUTIONS, INC.
2. The principal office address: 735 PRIMERA BLVD., SUITE 110, LAKE MARY, FL 32746
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 12/1/1998 Document number: P98000100837

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)

STEVEN BATTISTA

735 PRIMERA BLVD., SUITE 110

LAKE MARY, FLORIDA 32746

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

LSEB AGENT SERVICES, INC.

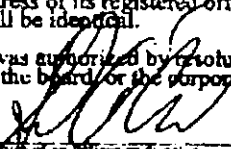
111 N. MAGNOLIA AVE., STE. 1400

P.O. Box NOT acceptable

ORLANDO, FLORIDA 32801

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.

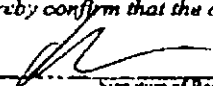


Signature of an Officer or Director

Stuart Chandler, President *CEO*

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.)



Signature of Registered Agent

7/31/2017

Date

If signing on behalf of an entity:

Scott Shuker

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

CR21745 (03/12)

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TALLAHASSEE, FLORIDA