A.C.I.P., LLC SECRETARY OF STATE TALLAHASSE.FLORIDA SECRETARY OF STATE SECRETARY OF STATE TALLAHASSE.FLORIDA SECRETARY OF STATE SECRETARY OF STATE SECRETARY OF STATE TALLAHASSE.FLORIDA SECRETARY OF STATE SECRETARY SECRE	2001	UNIFORM BU	SINESS REP	ORT (UB	R) FILED
A. C. I. P., LLC SECRETARY OF STATE TALL AHAS SEE. FLORIDA Percepta frace of Business OO SE 2nd STREET 4th FLOOR 1AMT FL 33131 Percept Place of Business OO SE 2nd STREET 4th FLOOR 1AMT FL 33131 Percept Place of Business Solite Apt 4, etc. Coval Cables Fl. Coval Cables Fl. OO NOT WRITE IN THIS SPACE Solite Apt 4, etc. Solite Apt 4, e	DOCUMENT # L0000005348 1. Entity Name				01 MAR 12 AM 9: 30
ON SE 2 nd STREET 4 th FLOOR IAMIT FL 33131 I PRINCED FACE OF AUTHOR 20121 POINCE de Leon Blvd 3. Mailing Address Suite Apt # cec. Suite Apt # cec. Suite Apt # cec. Coral Gables F1. Cory 33134	•				
4 ch FLOOR IAMI PL 33131 A proposed acre of Burness 2121 Ponce de Leon Blvd . Suita Apt. 4 cc. Suita # 721 Cov & State Cora1 Gables Fl. County 33134 US 6. Name and Address of Current Registered Agent. ENNETT. JOSH CO. Suita PR. 4 cc. Suita # 721 County 33134 US 6. Name and Address of Current Registered Agent. ENNETT. JOSH CO. Suita PR. 4 cc. Suita # 721 County 33134 US 6. Name and Address of Current Registered Agent. ENNETT JOSH IN FILE THE AVENUE SECOND FLOOR T. LAUDERDALE Fl. 33201 Cov. Cora1 Gables FL. Signan in type In proposed of changing its registered agent, or both, in the State of Pricin. Signan in type In proposed of changing its registered agent, or both, in the State of Pricin. MANAGING MEMBERS MEMBERS FILE NOW!!! FEE! IS \$50.00 Make Check Payable to Department of State Cora1 Gables FL. Signan in type In proposed of changing its registered agent, or both, in the State of Pricin. MANAGING MEMBERS MEMBERS FILE NOW!!! FEE! IS \$50.00 Make Check Payable to Department of State Cora1 Gables FL. ACCITICATED P. PATRICK CORA1 Gables FL. 39334 Cora1 Gables FL. ACCITICATED P. PATRICK CORA1 Gables FL. 39334 Cora1 Gables FL. MANAGING MEMBERS MEMBERS ON St. of Payable Cora1 Gables FL. MANAGING MEMBERS MEMBERS ON St. of Payable Cora1 Gables FL. MANAGING MEMBERS MEMBERS ON St. of Payable Cora1 Gables FL. ACCITICATED P. PATRICK CORA1 Gables FL. ACCITICA	Principal Plac	e of Business	Mailing Address	<u></u>	
I AMI PL 33131 P, Principal Place of Burness 2121 Ponce de Loon Blvd Suite Apt 4 etc. Corta Cables F1 Corta Gables F1 Steen Algored P0, both brains and Address of New Registered Agent Name ALBERT P. VEGA CPA, PA Steen Algored P0, both brains and Address of New Registered Agent Name ALBERT P. VEGA CPA, PA Steen Algored P0, both brains and Address of New Registered Agent Name ALBERT P. VEGA CPA, PA Steen Algored P0, both brains and Address of New Registered Agent Name ALBERT P. VEGA CPA, PA Steen Algored P0, both brains and Address of Forda Name ALBERT P. VEGA CPA, PA Steen Algored P0, both brains and Address of Forda Name ALBERT P. VEGA CPA, PA Steen Algored P0, both brains and Address of Forda Name ALBERT P. VEGA CPA, PA Steen Algored P0, both brains and Address of New Registered Agent Name ALBERT P. VEGA CPA, PA Steen Algored P0, both brains and Address of Forda Name ALBERT P. VEGA CPA, PA Steen Algored P0, both brains and Address of Forda Name ALBERT P. VEGA CPA, PA Steen Algored P0, both brains and Address of Forda Name ALBERT P. VEGA CPA, PA Steen Algored P0, both brains and Address of Forda Name ALBERT P. VEGA CPA, PA Steen Algored P0, both brains and Address of Forda Name ALBERT P. VEGA CPA, PA Steen Algored P0, both brains and Address of Forda Name ALBERT P. VEGA CPA, PA Steen Algored P0, both brains and Address of Forda Name ALBERT P. VEGA CPA, PA Steen Algored P0, both brains and Address of Forda Name ALBERT P. VEGA CPA, PA Steen Algored P0, both brains and Address of Forda Name ALBERT P. VEGA CPA, PA Steen Algored P0, both brains and Address of F					
Suita # 721 Suita # 721 Suita # 721 County \$ State Cora 1 Gables # File US Suita # 721 County \$ State Cora 1 Gables # 721 Suita # 721 County # 721 Suita # 721 Suita # 721 County # 721 Suita # 722 Su					
Suite # 721 Cory & State Country 33134 US S. Name and Address of Current Registered Agent Name ALBERT P. VEGA CPA, PA Street Address of New Registered Agent Name ALBERT P. VEGA CPA, PA Street Address of Open Address of New Registered Agent Name ALBERT P. VEGA CPA, PA Street Address of Open Address of New Registered Agent Name ALBERT P. VEGA CPA, PA Street Address of Open Address of New Registered Agent Name ALBERT P. VEGA CPA, PA Street Address of Open Address of New Registered Agent Name ALBERT P. VEGA CPA, PA Street Address of Open Address of New Registered Agent Name ALBERT P. VEGA CPA, PA Street Address of Open Address of New Registered Agent Name ALBERT P. VEGA CPA, PA Street Address of Open Address of New Registered Agent Cray Coral Gables FL Z933434 The above registered agent, or noth, in the State of Fiordat Name Address of New Registered Agent Name ALBERT P. VEGA CPA, PA Street Address of Open Address of New Registered Agent Cray Coral Gables FL Z933434 The above registered Agent Name ALBERT P. VEGA CPA, PA Street Address of New Registered Agent Name ALBERT P. VEGA CPA, PA Street Address of New Registered Agent Name ALBERT P. VEGA CPA, PA Street Address of New Registered Agent Name ALBERT P. VEGA CPA, PA Street Address of New Registered Agent Name ALBERT P. VEGA CPA, PA Street Address of New Registered Agent Name ALBERT P. VEGA CPA, PA Street Address of New Registered Agent Name ALBERT P. VEGA CPA, PA Street Address of New Registered Agent Name ALBERT P. VEGA CPA, PA Street Address of New Registered Agent Name ALBERT P. VEGA CPA, PA Street Address of New Registered Agent Name ALBERT P. VEGA CPA, PA Street Address of New Registered Agent Name ALBERT P. VEGA CPA, PA Street Address of New Registered Agent Name ALBERT P. VEGA CPA, PA Street Address of New Registered Agent Name ALBERT P. VEGA CPA, PA Street Address of New Registered Agent	2. Principal P 2121 F	lace of Business Conce de Leon B1	3. Mailing Address		
Cor a L Gables F1 Cor a L Gables F1 Country 2/p			Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
Source Status Desired Agent Agent Agent Status Desired Agent Agent Status Desired Agent	City & State	9	City & State	, / ₄₀ .	4. FEI Number 65–1033220 Applied For Not Applicable
Name ALBERT P. VEGA CPA, PA Street Address; PO, Box Number is Not Acceptable in Y 21 T. LAUDERDALE FI. 3.3.3.01 City Coral Gables FL 2/3/29/34 The above napped entity subgritum interreposition. Good Changing its registered office or registered agent, or both, in the State of Fordica. Whate Chock Payable to Department of State. MANAGING MEMBERS / MEMBERS 10. PRES / DEPT Change (D) Addition Make Sort Addition Make Sort Addition Make Debte This Coral Gables PL 33134 Change (D) Addition Make Debte This Coral Gables PL 33134 Change (D) Addition Make Debte This Coral Gables PL 33134 Change (D) Addition Make Debte This Coral Gables PL 33134 Change (D) Addition Make Debte This Coral Gables PL 33134 Change (D) Addition Make Debte This Coral Gables PL 33134 Change (D) Addition Make Debte This Coral Gables PL 33134 Change (D) Addition Make Debte This Coral Gables PL 33134 Change (D) Addition Make Debte This Coral Gables PL 33134 Change (D) Addition Make Debte This Coral Gables PL 33134 Change (D) Addition Make Debte This Coral Gables PL 33134 Change (D) Addition Make Debte This Coral Gables PL 33134 Change (D) Addition Make Debte This Coral Gables PL 33134 Change (D) Addition Make Debte This Coral Gables PL 33134 Change (D) Addition Make Debte This Coral Gables PL 33134 Change (D) Addition Make Debte This Coral Gables PL 33134 Change (D) Addition Make Debte This Coral Gables PL 33134 Change (D) Addition Make Debte This Coral Gables PL 33134 Th		Country US		Country	Fee Required
Street Address PC_Box Number in Not Acceptable		6Name and Address of Curr	ent Registered Agent	Name	
T. LAUDERDALE FL 33301 Cay Coral Gables FL 23,2036 In the above narged entity subgrits in supplied with this filling does not qualify for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature Signature Signature Signature Signature Signature Signature Make Check Payable to Department of State. Int. MAME SIRET ADDRESS CHT-ST-3P COTAL Gables FL 23,2036 ADDITIONS/CHANGES CHT-ST-3P CETREIDE, PATRICK 2121 Ponce de Leon Blvd. Suite #721 Cotal Gables, FL 33134 Camps Addition Make Cotal Gables	BENNETT, JOSH			Street	
City Coral Gables FL 29,000 34 34 I. The above named entity subrults this processor for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature Supruture Types				Sileet	2121 Ponce de Leon Blvd # 721
Let above named entity subplits this processor for the purpose of changing its registered office or registered agent, or both, in the State of Florida. FILE NOW!!! FEE IS \$60.00 Make Check Payable to Department of State.					
Lite above named entity subgits traceparate for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Section 1			<i>Y</i>	City C	FL Zig Code 33134
Control Cont	. The above	named entity submits this grateme	for the purpose of changing it		
NOTE Registered Appert sprease required when revisualized NOTE Registered Appert sprease required when revisualized NOTE Registered Apperts NOTE Registere		Matt In			3/6/1
MANAGING MEMBERS / MEMBERS 10. ADDITIONS/CHANGES THE	SIGNATURE .	Signature, typed or primed name of registered a	gent and title if applicable. (NO	TE: Registered Agent signs	ature required when reinstating)
INTE MAME MAME MAME MAME MAME MAME MAME MA			The state of the s	Mark to the first of the first of the second	A STATE OF THE STA
MAKE STREET ADDRESS CITY-ST-ZIP TILE Delete TITLE Delete Delete TITLE Delete	9.	MANAGING ME			
ITT-ST-ZIP TITE Delete TITLE Delete Delete TITLE Delete Delete TITLE Delete Delete TITLE Delete	NAME		☐ Delete		1 7
Delete TITLE Delete TITLE Delete TITLE Delete	TREET ADDRESS				2121 Ponce de Leon Blyd Suite #721
MME. Delete TITLE Delete TITLE Change Addition TREET ADDRESS CITY-ST-ZIP CHANGE CHANGE TREET ADDRESS CITY-ST-ZIP CHANGE TREET ADDRESS CITY-ST-ZIP CHANGE CHANGE CHANGE TREET ADDRESS CITY-ST-ZIP CHANGE CHANGE CHANGE TREET ADDRESS CITY-ST-ZIP CHANGE CHANGE CHANGE CHANGE TREET ADDRESS CITY-ST-ZIP CHANGE CHANGE CHANGE CHANGE CHANGE CHANGE TREET ADDRESS CITY-ST-ZIP CHANGE CHA		,			Coral Gables FL 33134
TICE NAME. STREET ADDRESS CITY-ST-ZIP TILE NAME AME AME AME AME AME AME AME	AME		Delete	NAMF	
STREET ADDRESS TY-ST-ZIP TILE MAKE			☐ Delete		Control of the second of the s
THE MAME AME TREET ADDRESS TITY-ST-ZIP THE AME TREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP CHAME STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHAME STREET ADDRESS STREET ADDRES	REET ADDRESS				
STREET ADDRESS ITY-ST-ZIP Delete TITLE NAME	TLE		☐ Delete		Change Addition
CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Delete Delete TITLE Delete Delete TITLE Delete	AME	•			,
NAME AME TREET ADDRESS TYP-ST-ZIP TILE TILE TILE TILE TILE TILE TILE TIL		•		1	
TREET ADDRESS ATTY-ST-ZIP TILE IMME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition Addition STREET ADDRESS CITY-ST-ZIP 1. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or inustee empowered to execute this report as required by Chapter 608, Florida Statutes. 3.4.4.3.	ITLE		☐ Delete	•	200003854992-040
TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CHange Addition Addition Addition Change Addition Addition Change Change Addition Change Addition Change Change Change Change Change Change Change Change Change Change Change Chan	IAME				**************************************
ITILE IAME IAME IAME STREET ADDRESS CITY-ST-ZIP III. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or flustee empowered to execute this report as required by Chapter 608, Florida Statutes.			•	18	***************************************
STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or inustee empowered to execute this report as required by Chapter 608, Florida Statutes.	TTLE		☐ Delete		☐ Change ☐ Addition
ITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or inustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or flustee empowered to execute this report as required by Chapter 608, Florida Statutes.	STREET AODRESS City-St-Zip			CITY-ST-ZIP	·
indicated on this report is true and accurate and trut my signature shall have the same required by Chapter 608, Florida Statutes. Imited liability company or the receiver or thustee empowered to execute this report as required by Chapter 608, Florida Statutes.		ertify that the information supplied	with this filing does not qualify f	or the exemption st	ated in Section 119.07(3)(i), Florida Statutes. I further certify that the information
3/6/8/	indicated limited lia	on this report is true and accurate bility company or the receiver or in	and that my signature shall have ustee empowered to execute this	e the same legal eff s report as required	by Chapter 608, Florida Statutes.
1/90			\mathscr{U}		3/1/6
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #	SIGNAT	TIRE:			199