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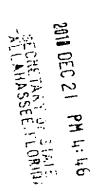
(Re	questor's Name)				
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(Document Number)					
Certified Copies	_ Certificates of	of Status			
Special Instructions to	Filing Officer:				





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### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: ARLINGTON COMPUTER PRODUCTS LLC  Name of Foreign Limited Liability Company
Name of Foreign Limited Liability Company
Dear Sir or Madam:
The enclosed application, certificate and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
KENDRA SMITH  Name of Person
ACP
Firm/Company
851 COMMERCE CT Address
BUFFALD GROVE 1L 60089  City/State and Zip Code
KSMITH@ARLINGTUNCP. COM  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
KENDRA SMITH at (847) 541-6333  Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:  \$\sum{\$\text{S25 Filing Fee}\$} \sum{\$\text{S30 Filing Fee} & \text{\$\text{S55 Filing Fee} & \text{\$\text{Certificate of Status}\$} \text{\$\text{Certified Copy}\$} \$\t

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

#### SECTION I (1-4 must be completed)

				City		, 1 101 102	Zip Code
						, Florid:	
New Registered Office Ad	dress:	<del>_</del>	<u>.</u>	Fnt	er Florida	Street Add	ress
Name of New Registered A	Agent:		-		·		
6. If amending the registere registered agent and/or the				iress on ou	ir records	enter the n	ame of the nev
(If name unavailable, enter copy of the written consent must contain "Limited Liab	of the managers of	or managi	ng memb	ers adopti	sacting bi	usiness in F ernate name	lorida and atta e. The alternate
5. New name of the limited	a maomicy company	(must con	ntain "Li	nited Liah	oility Com	pany, " "L.	L.C.," or "LL
SECTION II (5-9 comple	te only the application of the second	able char A	iges) (P (	REA	TIVIT	r LLC	·
4. Date authorized to do b				.010		-,	
3. Jurisdiction of its organ				Δ1.C		-	
2. The Florida document n				ny is: <u> </u>	11800	0006	545
MAY BE A POST OFFIC	<u>E BOX</u> )						
Enter new mailing address.  Mailing address  MAN DE A POST OFFICE							
• · · · · · · · · · · · · · · · · · · ·	:6						
<u>Principal office address</u> MUST BE A STREET AD	DRESS)	_					
Enter new principal office	address, if applicat	ble:	<del></del>			<del></del>	<u> </u>
		JICK	rku	DUC	3 LL		
State: <u>ARLINGT</u>	DN COMPL	MILE	- 12Y2 I	\ [\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		,	· 11 / .

New Registered Agent's Signature, if changing Registered Agent:

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:					
itle/ Capacity	Name	Address	Type of Action		
<u>.</u>	<u></u>		Add		
			Remov		
			Add		
			Remov		
	···		Add		
			Remov		
			Add		
			Remove		
			Add		
			Remov		
aforementioned an	icate, if required: no more than 90 conendment(s), duly authenticated by the law of which this entity is organ	he official having custody of reco	rds in the		
		the authorized representative  SEFRESIZENT  ed name of signee			

Filing Fee: \$25.00

Page 1

# Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THAT THE SAID "ARLINGTON COMPUTER
PRODUCTS LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS
NAME TO "ACP CREATIVIT LLC" ON THE THIRD DAY OF OCTOBER, A.D.
2018, AT 12:02 O'CLOCK P.M.



Authentication: 203825485 Date: 11-02-18

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