

P12000100998

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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(Business Entity Name)

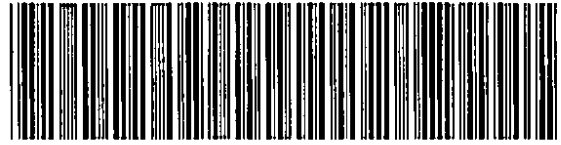
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MAY 09 2019

T. LEMIEUX

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ANCORP CAPITAL GROUP, INC.  
Name of Corporation

**DOCUMENT NUMBER:** P12000100998

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:

CARLOS A ROMERO JR  
Name of Contact Person

POST & ROMERO LLC  
Firm/Company

804 SOUTH DOUGLAS ROAD, STE 365  
Address

CORAL GABLES, FL 33134  
City/State and Zip Code

CAR@POSTANDROMERO.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CARLOS ROMERO at ( 305 ) 445-0014  
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

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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: ANCORP CAPITAL GROUP, INC.
- 2. The principal office address: 804 SOUTH DOUGLAS ROAD, SUITE 365  
CORAL GABLES, FL 33134
- 3. The mailing address (if different): \_\_\_\_\_
- 4. Date of incorporation/qualification: 21-11-2012 Document number: P12000100998

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)

RESIGNED

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

LAW OFFICE OF CARLOS A. ROMERO, JR., P.A.  
804 SOUTH DOUGLAS ROAD, SUITE 365  
P.O. Box NOT acceptable  
CORAL GABLES, FL 33134

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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]  
Signature of an officer or director

Tomás González Arce  
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] President  
Signature of Registered Agent

7-19-19  
Date

If signing on behalf of an entity:

Law Office of Carlos A. Romero Jr.  
Typed or Printed Name

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