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SECRETARY OF STATE

FILED AM 8: 30

J. SAULSBERRY EXAMINER SEP 20 2011

COVER LETTER

Division of Corporations		
SUBJECT: AMERICAN CAPITAL I	DEVELOPMENT FUND, LP	
Name of Limited Partnership or Li	mited Liability Limited Partnership	
DOCUMENT NUMBER:	B1000000117	
The enclosed Statement of Change of Registered fee(s) are submitted for filing.	Office and/or Registered Agent and	
Please return all correspondence concerning this	matter to:	
RODRIGO LOPEZ		
Contact Person		
AMERICAN CAPITAL DEVELOPMENT FU	JND, LP	
Firm/Company		
2800 Weston Rd. Suite 202	· · · · · ·	
Address	ALL	
Weston, FI, 33331	GRETARY LAHASSE	
City, State and Zip Code	ASS	
rlopez@acfgroupus.com	33.8 7.7.8 9.1.8	
E-mail address: (to be used for future annual report n	otification)	
For further information concerning this matter, p	lease call:	ţ
Rodrigo Lopez at (
	Area Code and Daytime Telephone Number	
Enclosed is a \$35.00 check made payable to the l	Florida Department of State.	
STREET ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P. O. Box 6327	
2661 Executive Center Circle	Tallahassee, FL 32314	
Tallahassee, FL 32301		

LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

	ERICAN CAPITAL DE			
Na	ame of Limited Partnership or Limi	•	•	
<u>-</u>	07/09/2010	3	B1000000 Florida documen)0117
Date of filing/registration in Florida Florid		Florida documen	orida document number	
4. The name of the re Department of State:	egistered agent and the registered o	ffice address a	as shown on the rec	ords of the Florida
	Rodrigo I	_opez		
	Name			
	2800 Weston R	d, Suite 20)2	
	Addre			
	Westor	ı, Fl		2011 ASE
	City, State a	ınd Zip		A####################################
5. The name and Flor	rida street address of the new regist	ered agent an	d/or office:	2011 SEP 19 AP SECRETARY OF ALLAHASSEE, F
	Name	;		F- (/)
	2200 North Commerce	Parkway S	Suite 110	8: 30 TATE ORIDA
	Florida street address (P.O			O A
	Weston	FI	33326	
	City, State a	FL ind Zip		
6. Such change(s) is/s Signature of General	errective when filed by the Flor	ida Departme	nt of State.	
comply with the provi	ppointment as registered agent and sions of all statutes relative to the p h an accept the obligations of my p	proper and co	mplete performanc	
Rodrigo	Lopez			
Kodrigo Signature of Registere	ed Agent			
Filing Fee:	\$35.00			

Certified Copy (optional): \$52.50