

FILED 0000000020

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

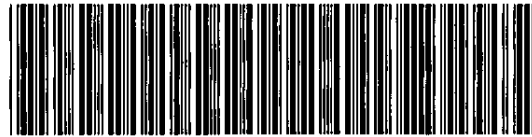
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800290098368

09/23/16--01014--006 \*\*35.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
16 SEP 23 AM 9:42

SEP 29 2016  
C McNAIR

SEP 29 2016  
C McNAIR

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

1. The name of the corporation: ADVANCED CAPITAL SOLUTIONS, INC. d/b/a ACAP & ASSOCIATES, INC.

2. The principal office address: 5553 WHIPPLE AVENUE NW STE 5, NORTH CANTON, OH 44720

3. The mailing address (if different): 485 CAYUGA ROAD, HANGAR BAY 4-1, CHEEKTOWAGA, NY 14225

4. Date of incorporation/qualification: 12/07/2015 Document number: F16000000020

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)

CT CORPORATION SYSTEM

1200 S PINE ISLAND ROAD

PLANTATION

FL 33324

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

Corporation Service Company

1201 Hays Street

P.O. Box NOT acceptable

Tallahassee

FL 32301

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.

Jill E. Cilmi  
Signature of an officer or director

Jill Cilmi, Vice President

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.*

Corporation Service Company

By: Grace E. Kirby

Signature of Registered Agent

09/19/2016

Date

If signing on behalf of an entity:

Grace E. Kirby, Assistant Vice President

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

CR2E045 (03/12)

FILED  
DIVISION OF CORPORATIONS  
16 SEP 23 AM 9:42