

L03000039623

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

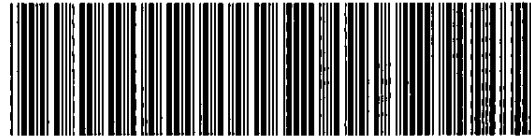
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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 JUN 13 PM 4:28

T. HAMPTON

JUN 14 2011

EXAMINED

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ACP Master Pay LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Yvette Wright  
Name of Person

America's Capital Partners, LLC  
Firm/Company

3225 Aviation Avenue, Suite 601  
Address

Coconut Grove, FL 33133  
City/State and Zip Code

ywright@americascapital.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Agnes Arcia at ( 305 ) 995-9998  
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:**

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

11 JUN 13 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

June 3, 2011

YVETTE WRIGHT  
AMERICA'S CAPITAL PARTNERS LLC  
3225 AVIATION AVE - STE 601  
COCONUT GROVE, FL 33133

SUBJECT: ACP MASTER PAY, LLC  
Ref. Number: L03000039623

We have received your document for ACP MASTER PAY, LLC and your check(s) totaling \$245.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 611A00013669

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: ACP Master Pay LLC
2. (a) Principal office address of limited liability company: 444 Brickell Avenue  
Suite 900  
Miami, FL 33131  
(Note: **MUST BE STREET ADDRESS**)
- (b) Mailing address of limited liability company: 3225 Aviation Avenue  
Suite 601  
Coconut Grove, FL 33133  
(Note: **MAY BE POST OFFICE BOX**)
3. Date of filing/registration in Florida: 10/15/2003
4. Document number: LO3 00 0039623

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

CT Corporation

Registered Office Address:

1200 South Pine Island Road  
Plantation, FL 33324

- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW Registered Agent:**

Sergio Socolsky

**NEW Registered Office Address:**

**(MUST BE FLORIDA STREET ADDRESS)**

3225 Aviation Avenue  
Suite 601  
Coconut Grove, FL 33133

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of member or authorized representative of a member

Printed or typed name of signer

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 608, 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.

Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00