Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

; (850)617-6380

From:

Account Name : BUSH ROSS, P.A. Account Number : 119990000150

Account Number Phone

: (813)224-9255

Fax Number

: (813)223-9620

Celeste Perrino (9999999999)

1008 JUL 16 AM 8: GO SECRETARY OF STATE

REGISTERED AGENT CHANGE

ACP OF ONTARIO, LLC

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Certificate of Status	0
Certified Copy	0
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Corporate Filing Menu

M. THOMAS

JUL 1 7 2008

EXAMINER

JUL:-16. 2008 3:47PM

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COVER LETTER

To: Registration Section Division of Corporations				
SUBJECT: ACP of Ontario, LLC				
(Name of Limi	ted Lia	bility (Compa	ny)
				三色
Dear Sir or Madam:				` <u>`</u>
				ر رئي: العرب ا
The enclosed Registered Agent/Registered C)ffice (Change	and fe	e(s) are submitted for filing.
Please return all correspondence concerning	this m	atter to	the fo	llowing:
Celeste Perrino				
(Name of Person)			_	
% 1 m m 4				
Bush Ross, P.A. (Firm/Company)				
(Timecompany)				
1801 North Highland Avenue	,			
(Address)	· · · · · · · · · · · · · · · · · · ·			
Tampa, Florida 33602			_	
(City/State and Zip Code)				
For further information concerning this matt	er. nle	ase call	:	
	, F			
Celeste Perrino	_ at (_			204-6425
(Name of Contact Person)		(Area	Code	& Daytime Telephone Number)
STREET/COURTER ADDRESS:			MA'	ILING ADDRESS:
Registration Section				istration Section
Division of Corporations				sion of Corporations
2661 Executive Center Circle				Box 6327
Tallahassee, FL 32301			–	ahassee, FL 32314
				············· ,
Enclosed is a check for the following	ıg am	ount:		
d 425 Filing Fee		LJ &2	5 Eili-	ng Fee & Certified Copy
\$25 Filing Fee		רי איז	о тпп	ig ree & Certified Copy
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 617.508, 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. The name of the limited liability company is: ACP of Ontario, LLC 2. The mailing address of the limited liability company is: 4111 Land O' Lakes Blvd., Ste. 210, Land O' Lakes, FL 34639 L05000015982 2/15/2005 3. Date of filing/registration if Florida 4. Document number 4. The name of the registered agent and the registered office address as shown on the records of the Florida 🕏 Department of State: Brent A. Jones 220 S. Franklin Street Tampa, FL 33602 6. The name and address of the new registered agent and/or office: Bush Ross Registered Agent Services, LLC Name 1801 North Highland Avenue Florida street address (P.O. Box NOT acceptable) Tampa, Florida 33602 City, State and Zip 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 4s/otherwise provided in the articles of organization or the operating agreement of the limited liability company. (Signature of a member or authorized representative of a member) SCON M. HOLDI (Printed or typed name of signee) 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 as provided for in Chapter 608, F.S.. Of, 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.

> Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

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