205000082053

. (Re	equestor's Name)						
(Ad	ldress)	··· <u>·</u>					
(Ad	ldress)	·					
(City/State/Zip/Phone #)							
PICK-UP	☐ WAIT	MAIL					
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
'AUG 2 9 2013							
A. LUNT							

Office Use Only



000251004960

08/27/13--01007--011 **25.00



COVER LETTER

TO: Registration SectionDivision of Corporations

SUBJECT: AMERICA CONSULTING GROUP, 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:

Nicholas Rotenberger

Name of Person

AMERICA CONSULTING GROUP, LLC

Firm/Company

400 S. Dixie Hwy Suite 222

Address

Boca Raton, FL 33432

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person

at (_____

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

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.	Nar	me of the limited liability company: AMERICA CONSULTI	NG GROUP, LLC					
2.	(a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	y: 400 S. Dixie Hwy Suite 222	•				
			Boca Raton, FL 33432		3			
(b)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	400 S. Dixie Hwy Suite 222			p 1		
		(Note: MAIT BETOST OFFICE BOX)	Boca Raton, FL 33432	1.37	دع	1		
				2 () () () () () () () ()		1		
08/	19/200	15	L05000082053	me	고	,		
_					D 2			
3. Da		e of filing/registration in Florida	4. Document number	9.5				
_		B 14 14 4 15 1000 1			لسب			
5.	(a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:						
Desistant A A.		Dogistared Agents	Michiglan Dodgish and					
		Registered Agent:	Nicholas Rotenberger					
		Registered Office Address:	2255 GLADES RD SUITE 302-E					
		Registered Office Fiduress.		33 CLASES NO 3011E 302-E				
			Boca Raton, FL 33431					
	(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:						
		NEW Registered Agent:	Nicholas Rotenberger					
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)			400 S. Dixie Hwy Suite 222					
		MOST BET ECKIDA BIKEET ADDRESS	Boca Raton FL 33432					
					. L <u>. 55-1</u>			
cor and lial the	nfirr d the bilit me	imited liability company is not organized under the med that after the change or changes are made, the Fe business office of the registered agent will be idently company, it is hereby confirmed that the change(s) mbers of the limited liability company or as otherwise rating agreement of the limited liability company.	lorida street address of tical. Or, in the case of was/were authorized b	the registe a Florida v an affin	ered o limite mativ	office ed e vote of		
Sign	nature	of a member or authorized representative of a member						
·		•						
Nich	nolas F	Rotenberger						
Pri	nted o	or typed name of signce						
_(\leq	by accept the appointment as registered agent and a with the provisions of all statutes relative to the proving the provisions of all statutes relative to the proving familiar with and accept the obligations of my power 608 F.S. Or, if this document is being filed to me and the limited liability company.	gree to act in this capa oper and complete perfo sition as registered age rely reflect a change in y has been notified in w	city. I fur ormance c ont as prov the regist riting of t	ther of my vided tered his c	agree to duties, for in office hange.		
Sig	natur	e of Registered Agent						

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