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SECRETARY OF STATE DIVISION OF CORFURATIONS



## **COVER LETTER**

Division of Corporations			
SUBJECT: A & C INVESTMENT PRO		LC ility Company)	
(Name of	Limited Liuo	micy company)	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered (	Office Chang	e and fee(s) are submitted for filing	ng.
Please return all correspondence concerning			
ARMANDO CARCAS			
(Name of Person)			
A & C INVESTMENT PROPERTIES (Firm/Company)	LLC		SECRETARY DIVISION OF CO
8700 W FAGLER ST SUITE 380		<u></u>	:::: <u>::::</u>
(Address)			STA CAST
MIAMI, FL. 33174			AH 10: 04
(City/State and Zip Code)		<del></del>	
For further information concerning this mat  ARMANDO CARCAS	ter, please ca at ( 305	II: \ 485-0200	
(Name of Person)	at (	(Area Code & Daytime Telepho	ne Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Re Di P.	AILING ADDRESS: egistration Section ivision of Corporations O. Box 6327 allahassee, Florida 32314	ŕ
Enclosed is a check for the followi	ng 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. The name of the limite	ed liability company i	is: A&CINVEST	MENT PROPERTIE	SLLC	·
2. The mailing address o	f the limited liability	company is: 87	00 W FLAGLER S	ST SUITE 380	<u></u> .
MIMI, FL. 33174	•	. ,			
8/24/2005		ŀ	_05000085212		
3. Date of filing/registration in Florida		4	. Document nun	nber	_
5. The name of the register Florida Department of		gistered office ac	ddress as shown	on the records of the	
	CARLOS M CAR	CAS			
	8700 W FLAGLER	Name ST SUITE 380			
		Address			
	MIAMI, FLA. 33174	y, State and Zip			
		•		78 DIV	
6. The name and address	of the new registered	agent and/or of	fice:	96 1	)
	ARMANDO CARC	AS		SECRE PARTIES OF THE	ፈ ⊈
	<del></del>	Name		- <b>9</b>	= c
	8700 W FLAGLER			<b>→</b> See	그
	Florida street addre	ess (P.O. Box N	OT acceptable)	<b>3</b> 08 A	AT S
		FL 33174		AM 10: 04	ī
	City	, State and Zip		- 4.00	· =:
If the limited liability conconfirmed that after the cand the business office of liability company, it is he of the members of the lin or the operating agreement (Signature of a filember of author)	hange or changes are the registered agent reby confirmed that t nited liability compan of the limited liabil	made, the Florie will be identical the change(s) wang or as otherwish to company.	da street address . Or, in the case is/were authorize	of the registered office of a Florida limited d by an affirmative vot	e
CARLOS CARCAS					
(Printed or typed name of signee)					
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm (Signature of Registered Agent)	intment as registered is of all statules relat d accept the obligati this document is bein that the limited liab	l agent and agre- tive to the proper ons of my position of filed to merely litty company ha	e to act in this ca r and complete p on as registered a reflect a change is been notified in	pacity. I further agree erformance of my dutie agent as provided for ir in the registered office writing of this change	to s, 1

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