L05000107808

(Requ	uestor's Name)	
(Addr	ess)	
(Addr	ess)	
(City/s	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busin	ness Entity Na	me)
(Docu	iment Number)
Certified Copies	Certificate	s of Status
Special Instructions to Fil	ling Officer:	

Office Use Only



900419580689

2023 DEC 27 NH 10: 19

RECEIVED

A BUTLER DEC 28 2023

CT CORP

(850) 656- 4724 3558 lakesore Drive Tallahassee, FL 32312

12/27/2023

Date:

Ref#

4: DW Acc#I20160000072 ACP CAPITAL MANAGEMENT, LLC Name: Document #: Order #: 15290553 - 21 Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of Country of Destination: Apostille/Notarial Certification: **Number of Certs:** Filing: 🗸 Certified: **Email Address for Annual Report Notifications:** Plain: COGS: Availability _____ 25.00 Amount: \$ Document ____ Examiner _____ Updater _____ Verifier _____ W.P. Verifier _____

Thank you!

COVER LETTER

TO: Registration Section Division of Corporations						
ACP CAPITAL MANAGEMENT, LLC SUBJECT:	ACP CAPITAL MANAGEMENT, LLC JECT:					
·	Name of Limited Liability Company					
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.					
Please return all correspondence concerning this	matter to the following;					
Richard L. Winston						
Name of Person						
Winston Legal Group LLC						
Firm/Company						
1395 Brickell Avenue, Suite 800						
Address						
Miami, FL 33131						
City/State and Zip Code						
richard@winstonlegalgroup.com						
E-mail address: (to be used for future annua	ll report notification)					
For further information concerning this matter, pl	lease call:					
Richard L. Winston	305 668-5395 at ()					
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 an	closed is a check for the following amount:					
№ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy					
INHS18 (2/14)						

FL015 - 7/17/2019 Wolters Klu

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

a)	1450 Brickell Avenue		(b)	1450 Bri	rickell Avenue
-/	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	-	(0)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Suite 1960	_	;	Suite 169	90
	Miami, FL 33131	_	-	Miami, F	FL 33131
	11/04/2005		L	0500010	07808
	Date of filing/registration in Florida	4.			Document number
(a)	Esteban Endere				
(,	Registered Agent and Registered Office shown on the records of the	ie Flor	ida E	Pept. of St	State:
	1450 Brickell Avenue				
	Registered Office Address (MUST BE FLORIDA STREET A	DDRE	SSI		20 St
	Suite 1690				2023 DEC SEALES
	Miami FL ³	3131			FIL 23 DEC 27
b)	C T Corporation System				
U)	Enter name of NEW Registered Agent and/or NEW Registered C	Office	addr	<u>ess</u> :	AMID: 19
	NEW Registered Office Address:				
	1200 South Pine Island Road				_
	Plantation, FL_	3324			<u> </u>
char nt w /we artic	mited liability company is not organized under the law nge or changes are made, the Florida street address of trill be identical. Or, in the case of a Florida limited liability authorized by an affirmative vote of the members of cles of organization or the operating agreement of the law or a member or authorized representative of a member	he re bility the l imite	giste con imit d lia	ered offi pany, it ed liabil	fice and the business office of the registric is hereby confirmed that the change(s) ility company or as otherwise provided is company.
_	·	ia In i	act is	a thir ec	.,
isio ibli	oy accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided fly reflect a change in the registered office address. I he	e w e perfor for i	ici ii mar n Ch	cours ca ace of m apter 6	apacay. I juriner agree to comply with ny duties, and I am familiar with and ac 505, F.S. Or, if this document is being f

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

Madonna Cuddihy, Assistant Secretary

Signature of Registered Agent