

LD5000107811

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

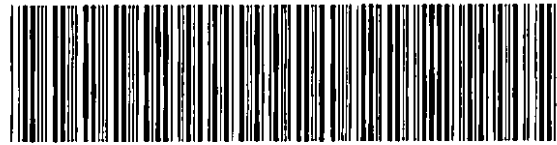
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000419580670

FILED

2023 DEC 27 PM 12:31

SECRETARY OF STATE  
HALL OF RECORDS  
DOVER, DE 19003

RECEIVED

2023 DEC 27 AM 11:43

SECRETARY OF STATE  
HALL OF RECORDS  
DOVER, DE 19003

A BUTLER

DEC 28 2023

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

**Date:** 12/27/2023  
Acc#I20160000072

*en: c SW*

Name:	ACP SECURITIES LLC
Document #:	
Order #:	15290553 - 31

Certified Copy of Arts & Amend:	<input type="checkbox"/>			
Plain Copy:	<input type="checkbox"/>			
Certificate of Good Standing:	<input type="checkbox"/>			
Certified Copy of	<input type="checkbox"/>			
Apostille/Notarial Certification:	<input type="checkbox"/>		Country of Destination:	
			Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input type="checkbox"/>
	Plain: <input checked="" type="checkbox"/>
	COGS: <input type="checkbox"/>

Email Address for Annual Report Notifications:

--

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **25.00**

**Thank you!**

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ACP SECURITIES 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:

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 annual report notification)

For further information concerning this matter, please call:

Richard L. Winston

at ( 305 ) 668-5395

\_\_\_\_\_  
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

INHS18 (2/14)

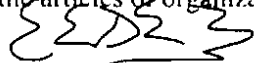
**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR  
LIMITED LIABILITY COMPANY**

*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.*

1. Name of the limited liability company: ACP SECURITIES LLC
2. (a) 1450 Brickell Avenue  
Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)  
Suite 1960  
Miami, FL 33131
- (b) 1450 Brickell Avenue  
Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)  
Suite 1690  
Miami, FL 33131
3. 11/04/2005 Date of filing/registration in Florida
4. L05000107811 Document number
5. (a) Esteban Endere  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
1450 Brickell Avenue  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
Suite 1690  
Miami, FL 33131
- (b) C T Corporation System  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
  
NEW Registered Office Address:  
1200 South Pine Island Road  
Plantation, FL 33324

**FILED**  
2023 DEC 27 PM 12:31  
STATE  
TALLAHASSEE, FL

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 a member or authorized representative of a member

Esteban Endere  
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 obligations of my position as registered agent as provided for in Chapter 605, 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.*

By: C T Corporation System  
Signature of Registered Agent Madonna Cuddihy, Assistant Secretary

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