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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: A.C.M. INVESTMENT LLC. (Name of Limited	d 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 m	natter to the following:		
IDALIA LLANES (Name of Person)			
A.C.M. INVESTMENT LLC. (Firm/Company)	<u></u>		
9421 SW 57 TERR			
(Address)			
MIAMI, FL. 33173 (City/State and Zip Code)	· · · · · · · · · · · · · · · · · · ·		
For further information concerning this matter, ple	ase call:		
IDALIA LLANES at (S	(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 amo	ount:		
✓ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy		



April 10, 2007

IDALIA LLANES A.C.M. INVESTMENT LLC. 9421 SW 57 TERR MIAMI, FL 33173

SUBJECT: A.C.M. INVESTMENT LLC.

Ref. Number: L06000056458

We have received your document for A.C.M. INVESTMENT LLC. and your check(s) totaling \$50.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person designated as registered agent in the document and the person signing as registered agent must be the same.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6911.

Letter Number: 607A00024183

Brenda Tadlock Senior Section Administrator

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 lim	ited liability compar	y is: A.C.M. INVESTME	NT LLC.		·	
2. The mailing address	of the limited liabil	ity company is : 9421 5	SW 57 TERR, MIAMI,	FL 33173	·	
06/02/2006		L060	000056458	<u> </u>		
3. Date of filing/registration in Florida		4. D	4. Document number			
5. The name of the regi Florida Department	of State:		ss as shown on the r	records of the	:	
	NANCY L PER					
	9421 SW 57 TE	Name RR				
	<u> </u>	Address				
	MIAMI, FL. 3317	' 3		0	IAIO S	
		City, State and Zip		7	SE!	
6. The name and address	•		:	APR 26		
	IDALIA LLANES	<u> </u>	·		TARY COR	
Name 9421 SW 57 TERR			P	SPC SPC		
		idress (P.O. Box NOT	acceptable)	l: 57	RY OF STATE "CORPORATIONS	
	MIAMI	FL 33173			S	
	C	ity, State and Zip				
If the limited liability confirmed that after the and the business office liability company, it is of the members of the or the operating agreen	change or changes of the registered age hereby confirmed th limited liability com nent of the limited lia	are made, the Florida sent will be identical. O at the change(s) was/w pany or as otherwise pability company.	treet address of the r r, in the case of a Fl ere authorized by ar	registered off lorida limited n affirmative	vote	
(Signature of a member or aut	horized representative of a	member)				
IDALIA LLANES		•				
(Printed or typed name of sign	ice)					
I hereby accept the appropriate the comply with the provisional I am familiar with Chapter 608, F.S. Or, address, I hereby confine the con	ner.	red agent and agree to clative to the proper an ations of my position a eing filed to merely ref ability company has be	act in this capacity. d complete perform is registered agent a lect a change in the sen notified in writin	I further ag ance of my d is provided fo registered of ig of this chai	ree to uties, or in fice nge.	

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