L07000073255

(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



200126306282

05/12/08--01002--004 **1650.00

OEFALL AT LOS FORATIONS
TALL AFFASSEE, FLORIDA

FILED

08 JUN 10 PH 2: 15

FILED

FILED

OF STATE

FALLAHASSEE, FLORIDA

B. KOHR
AUG - 6 2008
EXAMINER

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.

The name of the limited liability company is: ACP PROPERTY HOLDINGS LLC					
2. The mailing address of the limited liability company is:					
444 BRICKELL AVENUE, SUITE 900 MIAMI FL 33131					
H-100-T-100-T-100-T-100-T-100-T-100-T-100-T-100-T-100-T-100-T-100-T-100-T-100-T-100-T-100-T-100-T-100-T-100-T-					
07/16/2007			L07000073255		
3. Date of filing/registration in Florida		4.	4. Document number		
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:					
•	LEGAGNEUR, NATHA	ALIE		_	
		Name		75. 86.	
444 BRICKELL AVENUE SUITE 900					
Address					
MIAMI FL 33131 US					
Name 444 BRICKELL AVENUE SUITE 900 Address MIAMI FL 33131 US City, State and Zip					
LEGAGNEUR, NATHALIE Name 444 BRICKELL AVENUE SUITE 900 Address MIAMI FL 33131 US City, State and Zip 6. The name and address of the new registered agent and/or office: CT Corporation System					
C T Corporation System					
Name 1200 South Pine Island Road					
Florida street address (P.O. Box NOT acceptable)					
	Plantation	FL	33324		
	City	, State and Zip			
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 organization of the limited liability company. (Signature of a member or authorized representative of a member)					
Anthony Licausi, Attorney in Fact					
(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 By: M. C.T. Con	intment as registered ns of all statutes relat id accept the obligati this document is bein i Mathhe limited liabi fortug System	l agent and agree live to the proper of ons of my position of filed to merely t lility company has	to act in this capacity and complete perform as registered agent reflect a change in the been notified in writi nthony LiCausi	I further agree to nance of my duties, as provided for in e registered office ing of this change.	
(Signature of Registered Agent)			Vice President		
(pivision of Corporations, P.O. Box 6327, Tallahassee, FL 32314					
FILING FEE: \$25.00					

INHS18 (8/05)