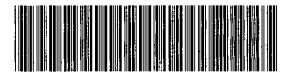
## L09000049413

(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



100166259631

02/08/10--01007--013 \*\*25.00

FILING CANCELLED RETURNED CHECK

FILED

10 FEB-8 PM 3: 32

SECRETARY OF STATE ALLAHASSEE, FLORIDA

J. BRYAN

FEB - 9 2009

**EXAMINER** 

## **COVER LETTER**

Division of Corporation	ons		
SUBJECT:	A.C.N. INVESTM		
	Name of Limited Liabi	lity Company	
Dear Sir or Madam:			
The enclosed Registered Age	nt/Registered Office Change	and fee(s) are submitted for	filing.
Please return all corresponde	nce concerning this matter to	the following:	
MARGARE Name of	F SCARDINA Person		
A.C.N. INVEST	MENTS, L.L.C.		G CANCELLED RNED CHECK
/ 12101 SW Addres	114 PLACE s		<b>10 F.</b> SECRE
' MIAMI, F City/State and	FL. 33176 1 Zip Code		FIL EB-8 F
christina@ac	:nroofing.com ture annual report notification)	LORIO <sub>A</sub>	FILED FEB-8 PH 3: 32 CRETARY OF STATE
For further information conce	rning this matter, please call	:	
MARGARET SCAP		)293-9607 Area Code & Daytime Telephone Nur	nher
STREET/COURIER A Registration Section Division of Corporation Clifton Building 2661 Executive Center C Tallahassee, Florida 323	ADDRESS: MA Reg s Div P.O Circle Tall	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 lahassee, Florida 32314	nuot
Enclosed is a check f	or the following amount:		
\$25 Filing Fee	\$5	55 Filing Fee & Certified Cop	у

1

## 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.

agoni, or bonn, we me state of 1 to total	
1. Name of the limited liability company:	A.C.N. INVESTMENTS, L.L.C.
2. (a) Principal office address of limited liability con	mpany: 12101 SW 114 PLACE
(Note: MUST BE STREET ADDRESS)	MIAMI, FL. 33176
(b) Mailing address of limited liability company:	A.C.N. INVESTMENTS, L.L.C.
(Note: MAY BE POST OFFICE BOX)	12101 SW 114 PLACE MIAMI, FL. 33176
05/18/2009	L09000049413
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office show	vn on the records of the Florida Dept. of State:
Registered Agent:	STEVEN BARRETO
Registered Office Address:	8942 SW 129 TERR.
(b) Enter name of <u>NEW Registered Agent</u> and/on <u>NEW</u> Registered Agent:  NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	MARGARET SCARDINAS SINGUISMON 12101 SW 114 PLACE SINGUISMON SINGUI
	MIAMI ,FL33176
If the limited liability company is not organized unde confirmed that after the change or changes are made, and the business office of the registered agent will be liability company, it is hereby confirmed that the cha of the members of the limited liability company or as or the operating agreement of the limited liability considerable.  Signature of a member or authorized representative of a member	er the laws of the State of Florida, it is hereby the Florida street address of the registered office e identical. Or, in the case of a Florida limited unge(s) was/were authorized by an affirmative vote s otherwise provided in the articles of organization mpany.  FILING CANCELLED RETURNED CHECK
MARGARET SCARDINA Printed or typed name of signee	
I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being filed address, I hereby confirm that the limited liability co	and agree to act in this capacity. I further agree to the proper and complete performance of my duties, my position as registered agent as provided for in to merely reflect a change in the registered office impany has been notified in writing of this change.

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

Signature of