

LI 000000 55795 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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TALLAHASSEE, FLORIDA

B. BOSTICK  
SEP 22 2011  
EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SPV TELECOMMUNICATION CNC 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:

JUAN CARLOS ZURITA

Name of Person

SPV TELECOMMUNICATION CNC LLC

Firm/Company

2800 WESTON RD, SUITE 202

Address

WESTON, FL, 33331

City/State and Zip Code

jczurita@acfgroupus

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JUAN CARLOS ZURITA

Name of Person

at ( 954 )

385-1717

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

11 SEP 21 PM 12:49  
TALLAHASSEE, FLORIDA

**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. Name of the limited liability company: SPV TELECOMMUNICATION, LLC
2. (a) Principal office address of limited liability company:

2800 Weston Rd. Suite 202  
Weston, FL 33331

2800 Weston Rd. Suite 202  
Weston, FL 33331

(Note: **MUST BE STREET ADDRESS**)

- (b) Mailing address of limited liability company:

L10000055795  
Document number

American Capital Assets Management  
2800 Weston Rd. Suite 202  
Weston, FL 33331

3. Date of filing/registration in Florida  
05/24/2010

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

- Registered Agent:  
Registered Office Address:

2200 Commerce Parkway  
Suite 110  
Weston

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address:**

**NEW Registered Agent:**  
**NEW Registered Office Address:**  
**(MUST BE FLORIDA STREET ADDRESS)**

If the limited liability company is not organized under the laws of the State of Florida, it confirmed that after the change or changes are made, the Florida street address of the registered agent will be identical. Or, in the case of a change of the business office of the registered agent, it is hereby confirmed that the change(s) was/were authorized by a majority of the members of the limited liability company or as otherwise provided in the articles of the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member  
Juan Carlos Zurita

Printed or typed name of signee  
I hereby accept the appointment as registered agent and agree to act in compliance with the provisions of all statutes relative to the proper and correct and I am familiar with and accept the obligations of my position as registered agent under Chapter 608, F.S. Or, if this document is being filed to merely reflect a change of address, I hereby confirm that the limited liability company has been properly notified of the change of address.

Signature of Registered Agent

Division of Corporations, P.O. Box 6327,  
FILING FEE: \$25