

L100000061734

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

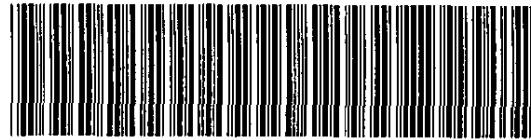
(Document Number)

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

Special Instructions to Filing Officer:

R. A. Signature

Office Use Only



700212285427

09/21/11--01015--016 \*\*25.00

FILED

2011 OCT -5 AM 8:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. SAULSBERRY  
EXAMINER

OCT 6 2011

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ACF FACTORING, 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

ACF FACTORING, LLC

Firm/Company

2800 WESTON RD, SUITE 202

Address

WESTON, FL, 33311

City/State and Zip Code

jczurita@acfgroupus.com

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 )

3851717

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

**FILED**  
2011 OCT -5 AM 8:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1709

**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: ACF FACTORING, LLC

2. (a) Principal office address of limited liability company: 2800 Weston Rd. Suite 202

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

Weston, FL, 33331

(b) Mailing address of limited liability company: 2800 Weston Rd. Suite 202

**(Note: MAY BE POST OFFICE BOX)**

Weston, FL, 33331

07/09/2010

L10000061734

3. Date of filing/registration in Florida

4. Document number

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

Registered Agent:

American Capital Assets Management, Corp

Registered Office Address:

2800 Weston Rd, Suite 202

Weston, FL, 33331

(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)**

2200 Commerce Parkway,

Suite 110

Weston, FL 33326

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

Juan Carlos Zurita

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 608, 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.*

Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

FILED  
OCT -5 AM 8:25  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE