

L11000057751

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Association Capital Resources Management, 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:

Kendall Cummings  
Name of Person

Association Capital Recovery  
Firm/Company

4209 Baymeadows Rd., Suite 1  
Address

Jacksonville, FL 32217  
City/State and Zip Code

kenda11@associationcapital.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kendall Cummings at ( 904 ) 301-0101  
Name of Person 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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 6, 2014

KENDALL CUMMMINGS  
ASSOCIATION CAPITAL RECOVERY  
4209 BAYMEADOWS RD - STE. 1  
JACKSONVILLE, FL 32217

SUBJECT: ASSOCIATION CAPITAL RESOURCES MANAGEMENT, LLC  
Ref. Number: L11000057751

We have received your document for ASSOCIATION CAPITAL RESOURCES MANAGEMENT, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

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) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 914A00016813

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0116, 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: Association Capital Resources Management, LLC

2. (a) 4209 Baymeadows Rd., Suite 1  
Principal office address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)*

(b) 4209 Baymeadows Rd., Suite 1  
Mailing address of limited liability company:  
*(Note: MAY BE POST OFFICE BOX)*

Jacksonville, FL 32217

Jacksonville, FL 32217

3. 5/17/11  
Date of filing/registration in Florida

4. L11000057751  
Document number

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

2309 S. MacDill Ave., Tampa, FL 33629  
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

Tampa, FL 33629

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(b) N. Kate Estes  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

4209 Baymeadows Rd., Suite 1  
NEW Registered Office Address:

Jacksonville, FL 32217

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

\_\_\_\_\_  
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 605, 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]  
Signature of Registered Agent