

# L11000122663

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H12000279346 3)))



H120002793463ABC1

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 879-5368

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

RECEIVED

12 NOV 28 PM 1:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LLC REGISTERED AGENT CHANGE  
AMERICAN CLASSIC SECURITIES LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

**C. LEWIS**  
NOV 29 2012  
EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AMERICAN CLASSIC SECURITIES 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:

Kelley Bost  
Name of Person

AMERICAN CLASSIC SECURITIES LLC  
Firm/Company

201 ATP Tour Blvd  
Address

Ponte Vedra Beach, FL 32082  
City/State and Zip Code

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

For further information concerning this matter, please call:

Richard Szelicki at ( 904 ) 285-4030  
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

INHS18 (\$/08)

FL015 - 11/20/2010 CT Synergy Office

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT FOR 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: AMERICAN CLASSIC SECURITIES LLC

2. (a) Principal office address of limited liability company: 201 ATP TOUR BLVD.

(Note: MUST BE STREET ADDRESS)

PONTE VEDRA BEACH, FL 32082

(b) Mailing address of limited liability company: 201 ATP TOUR BLVD.

(Note: MAY BE POST OFFICE BOX)

PONTE VEDRA BEACH FL 32082

10/26/2011

L11000122663

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:

AGENT INVESTORS HOLDING COMPANY

Registered Office Address:

201 ATP TOUR BLVD.

PONTE VEDRA BEACH, FL 32082

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

NEW Registered Agent:

CT Corporation System

NEW Registered Office Address:

1200 South Pine Island Road

(MUST BE FLORIDA STREET ADDRESS)

Plantation

FL 33324

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.

Kelley Bost

Signature of a member or authorized representative of a member

Kelley Bost

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.

By:

Signature of Registered Agent

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

FILING FEE: \$25.00

Madonna Cuddihy

Special Assistant Secretary

IN1518 (05/08)

FD-15 - (11/02/00) QP System Online

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
2012 NOV 28 AM 8:38