

L18 000 275 988

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

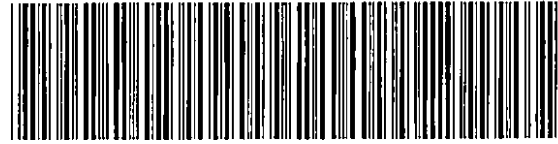
(Business Entity Name)

(Document Number)

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A. BUTLER

DEC 28 2023

CT CORP
(850) 656- 4724
3558 lakesore Drive
Tallahassee, FL 32312

Date: 12/27/2023

Acc#I20160000072

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|-------------|-----------------|
| Name: | ACP FINTECH LLC |
| Document #: | |
| Order #: | 15290553 - 26 |

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|-----------------------------------|--------------------------|--|-------------------------|--|
| Certified Copy of Arts & Amend: | <input type="checkbox"/> | | | |
| Plain Copy: | <input type="checkbox"/> | | | |
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| Availability _____ |
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| W.P. Verifier _____ |
| Ref# _____ |

Amount: \$ **25.00**

Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ACP FINTECH, 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:

Richard L. Winston

Name of Person

Winston Legal Group LLC

Firm/Company

1395 Brickell Avenue, Suite 800

Address

Miami, FL 33131

City/State and Zip Code

richard@winstonlegalgroup.com

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

For further information concerning this matter, please call:

Richard L. Winston

at (305) 668-5395

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

**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: ACP FINTECH LLC

2. (a) 1450 Brickell Avenue (b) 1450 Brickell Avenue

Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)

Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

Suite 1960

Suite 1690

Miami, FL 33131

Miami, FL 33131

11/29/2018

L18000275988

3. Date of filing/registration in Florida 4. Document number

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

1450 Brickell Avenue

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Suite 1690

Miami, FL 33131

(b) C T Corporation System

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

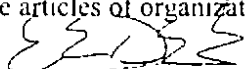
NEW Registered Office Address:

1200 South Pine Island Road

Plantation, FL 33324

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TALLAHASSEE, FL

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.



Esteban Endere

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.

By: C T Corporation System Madonna Cuddihy
Signature of Registered Agent Madonna Cuddihy, Assistant Secretary

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