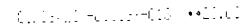
## K20000190731

(Requestor's Name)						
(Address)						
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A. RIVERS MAR 1 0 2023

## **COVER LETTER**

	istration Section ision of Corporations				
SUBJECT:	ACE FINANCIAL SERVICES I	ULC			
		Name of Limited Liability Company			
Dear Sir or i	Madam:				
The enclose	d Registered Agent/Registered	Office Change and	fee(s) are submitted for filing.		
Please return	n all correspondence concerning	this matter to the	following:		
NICOLE M.	REID				
	Name of Person		_		
REID LEGA	A. SOLUTIONS, P.A.				
	Firm/Company		<del></del>		
120 E 4TH A	AVE SUITE B-2				
	Address				
MT DORA,	FL 32757				
	City/State and Zip Cod	e	<del></del>		
NICOLE@R	EIDLEGALSOLUTIONS.COM				
E-mail	l address: (to be used for future	annual report notif	ication)		
For further i	nformation concerning this mat	ter, please call:			
NICOLE M.	REID	321 at (	234-2478		
	Name of Person		Area Code & Daytime Telephone Number		
Reg Div P.O	iling Address: gistration Section ision of Corporations below 6327 lahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Enc	losed is a check for the follow	ing amount:			
<b>≣</b> \$	25 Filing Fee	□ \$:	55 Filing Fee & Certified Copy		
153HS18 (2/14	4)				

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

Fursuant 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.

<b>)</b>			(b	)		
r <u></u> Pri	ncipal office address of limited liability comp (Note: MUST BE STREET ADDRESS)	pany:	(υ,	Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)		
4120 CC	ORLEY ISLAND RD UNIT 500		4120 CORLEY ISLAND RD UNIT 500			
LEESBU	JRG FL 34748-8297			LEESBURG FL 34748	3-8297	
97/06/203	20			L20000190731		
	Date of filing/registration in Florida	4.	-	Document	number	
	Agent and Registered Office shown on the re	ecords of the Flor	rida	Dept. of State:		
-	Office Address (MUST BE FLORIDA S EDGEWOOD LANE SUITE 127	STREET ADDRE	ESS	1		
тне уп	LAGES	F1 32162	2		2023 JAN SECRET TALLAH	
Enter name	of NEW Registered Agent and/or NEW R	egistered Office	add	dress:	1888 1888	
<u>NEW</u> Reg	istered Office Address:				PH 12: 21	
120 E 41	TH AVE SUITE B-2				10 kg	
MT DOF	RA	FL	1			
agent will was/were the article	ted liability company is not organized und changes are made, the Florida street address to identical. Or, in the case of a Florida authorized by an affirmative vote of the mes of trganization or the operating agreement of the appointment as registered agent of all statutes relative to the proper and of the proper and attended in the registered agent as reflect a change in the registered office activiting of this change.	ess of the registe limited liability of nembers of the li- ent of the limited	cred com imite d lia	office and the business of the pany, it is hereby confirmed liability company or as is bility company.  Printed or typed in this company.	ffice of the registered ned that the change(s) is otherwise provided in large of signee	

. ... . .