

L21000144819

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

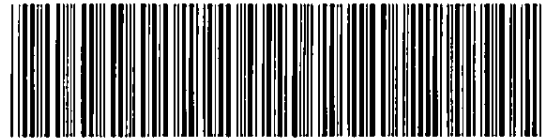
(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 8, 2024

MICHAEL UNG  
2114 N FLAMINGO RD #5046  
PEMBROKE PINES, FL 33028

SUBJECT: ACO FES TRAINING & CONSULTATION, LLC  
Ref. Number: L21000144819

We have received your document for ACO FES TRAINING & CONSULTATION, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

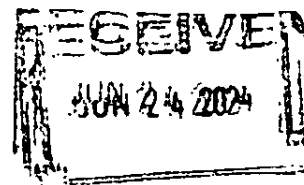
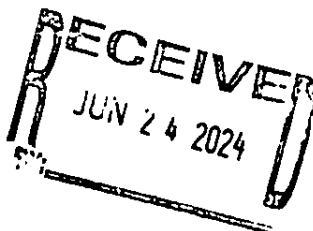
A corporation may not serve as its own registered agent. Please designate the individual whose typed signature appears on the registered agent signature line.

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) 245-6000.

Rebekah White  
Regulatory Specialist III

Letter Number: 224A00010029



## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ACO FES Training and Consultation, 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:

Michael Ung

\_\_\_\_\_  
Name of Person

ACO FES Training and Consultation, LLC

\_\_\_\_\_  
Firm/Company

2114 N Flamingo Road, #5046

\_\_\_\_\_  
Address

Pembroke Pines, FL 33028

\_\_\_\_\_  
City/State and Zip Code

festrainingconsult@gmail.com

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

For further information concerning this matter, please call:

Michael Ung

305

753-9883

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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: ACO FES Training and Consultation, LLC

2. (a) ACO FES Training and Consultation, LLC  
Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
2114 N Flamingo Road, #5046  
Pembroke Pines, FL 33028

(b) ACO FES Training and Consultation, LLC  
Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
2114 N Flamingo Road, #5046  
Pembroke Pines, FL 33028

3. 03/29/2021 Date of filing/registration in Florida

4. 1210000144819 Document number

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

5232 SW 158 Avenue

Miramar, FL 33027

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

NEW Registered Office Address:

2114 N Flamingo Road, #5046

Pembroke Pines, FL 33028

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.

Michael Ung  
Signature of a member or authorized representative of a member

Michael Ung

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.*

Michael Ung  
Signature of Registered Agent