

L22000205097

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

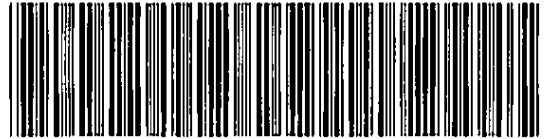
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22 SEP 19 PM 2:41

FILED IN 19 SEP 2019
FBI - JAMES M. COLEMAN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ACE ACQUISITIONS GROUP 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:

NICOLE M. REID

Name of Person

REID LEGAL SOLUTIONS, P.A.

Firm/Company

120 E 4TH AVE SUITE B-2

Address

MT DORA, FL 32757

City/State and Zip Code

NICOLE@REIDLEGAL.SOLUTIONS.COM

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

For further information concerning this matter, please call:

NICOLE M. REID

321

234-2478

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

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DIVISION OF CORPORATIONS
TALLAHASSEE, FL

**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: ACE ACQUISITIONS GROUP LLC

2. (a) _____ (b) _____

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

4120 CORLEY ISLAND RD UNIT 500

LEESBURG FL 34748-8297

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

4120 CORLEY ISLAND RD UNIT 500

LEESBURG FL 34748-8297

04/29/2022

L22000205097

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:

ACE FINANCIAL SERVICES

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

11782 CO RD 201

OXFORD, FL 34484

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

REID LEGAL SOLUTIONS, P.A.

NEW Registered Office Address:

120 E 4TH AVE SUITE B-2

MT DORA, FL 32757

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]
Signature of a member or authorized representative of a member

Carlos E. Colon
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

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ACE ACQUISITIONS GROUP LLC

Acceptance of Appointment as Registered Agent

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.

Dated: August 25, 2022

Signed,

A handwritten signature in black ink that reads "Nicole M. Reid". The signature is written in a cursive, flowing style.

Nicole M. Reid

Reid Legal Solutions, P.A.

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RECEIVED
CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA