

M05000060395

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

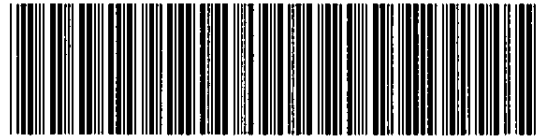
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000145392250

03/17/09--01024--002 **25.00

RECEIVED
09 MAR 17 AM 11:15
SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
09 MAR 17 PM 1:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. KOHR

MAR 17 2009

EXAMINER

March 17, 2009

Department of State, Florida
Clifton Building
2611 Executive Center Circle
Tallahassee FL 32301

FILED
09 MAR 17 PM 1:45
TALLAHASSEE, FLORIDA

Re: Order #: 7511533 SO
Customer Reference 1: None Given
Customer Reference 2: None Given

Dear Department of State, Florida:

Please obtain the following:

ACP/Pinnacle LLC (DE)
Change of Agent
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,



Connie R Bryan
Senior Fulfillment Specialist
Connie.Bryan@wolterskluwer.com

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR 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: ACP/PINNACLE LLC

2. (a) Principal office address of limited liability company: 444 BRICKELL AVE.SUITE 900
(Note: MUST BE STREET ADDRESS) MIAMI FL 33131

(b) Mailing address of limited liability company: 444 BRICKELL AVE.SUITE 900
(Note: MAY BE POST OFFICE BOX)

1/26/2005
3. Date of filing/registration in Florida

M05000000395
4. Document number

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

Registered Agent: LEGAGNEUR, NATHALIE

Registered Office Address: 444 BRICKELL AVENUE SUITE 900
MIAMI FL 33131 US

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

NEW Registered Agent: C T 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.

/s/ Allen C De Olazarra
(Signature of a member or authorized representative of a member)

Allen C De Olazarra
(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: Madonna Cuddihy **Madonna Cuddihy**
(Signature of Registered Agent) **Special Assistant Secretary**

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

INHS18 (05/08)