

M070000004706

(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



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09/24/13--11/27/13

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CLERK OF COURT
TALAMON

Y SULKER

OCT 07 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 25, 2019

ASSETS RECOVERY CENTER INVESTMENTS, LLC
1900 SUNSET AHRBOUR DRIVE, ANNEX 2ND FL
MIAMI BEACH, FL 33139

SUBJECT: ASSETS RECOVERY CENTER INVESTMENTS, LLC
Ref. Number: M07000004706

We have received your document for ASSETS RECOVERY CENTER INVESTMENTS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LLC, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6050.

Yasemin Y Sulker
Regulatory Specialist III

Letter Number: 619A00019883

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RECEIVED

www.sunbiz.org



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

Attached are the forms and instructions to amend the **name, jurisdiction, or the registered agent, or any person identified in accordance with s. 605.0902 (1)(c), or a change in title or capacity of that person, for a foreign limited liability company** authorized to transact business in Florida. The requirements are as follows:

- Pursuant to s. 605.0907, Florida Statutes, the attached application must be completed in its entirety.
- A certificate from the state of jurisdiction evidencing the amendment must be submitted with the application. The certificate should be issued within the past 90 days.
- The name of a limited liability company in the state of Florida must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC."
- The name of a limited liability company must be distinguishable on the records of the Florida Department of State. If you have changed the name of your limited liability company and the new name is not distinguishable on our records, you must adopt an alternate name to use in the state of Florida. To adopt an alternate name, you must submit a copy of the written consent of the managers or managing members adopting the alternate name. You may download a fill-in-the blank consent form from our website www.sunbiz.org.

A preliminary search for name availability can be made on the Internet through the Division's records at www.sunbiz.org. Preliminary name searches and name reservations are no longer available from the Division of Corporations. You are responsible for any name infringement that may result from your name selection.

- The fees are as follows:
 - \$25.00 Filing Fee
 - \$30.00 Certified Copy (optional)
 - \$ 5.00 Certificate of Status (optional)
- A letter of acknowledgment will be issued free of charge upon registration. Please submit one check made payable to the Florida Department of State for the total amount of the filing fee and any optional certificate or copy.
- A COVER letter should be submitted along with the application, certificate, and check. The mailing address and courier address are noted below.
- Please send the application to:

| | |
|--|--|
| <u>Mailing Address</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | <u>Street/Courier Address</u> Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 |
|--|--|

Any further inquiries concerning this matter should be directed to the Registration Section by calling (850) 245-6051.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Assets Recovery Center Investments, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

John Olsen
Name of Person

Asset Recovery Companies
Firm/Company

1906 Sunset Harbour Drive, Annex 2 FL
Address

Miami Beach, FL 33139
City/State and Zip Code

Administration @ Arcpe.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Olsen at (305) 438 4100
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 ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Assets Recovery Center Investments, LLC

Enter new principal office address, if applicable: Address is the Same

(Principal office address
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address
MAY BE A POST OFFICE BOX)

Same

2. The Florida document number of this limited liability company is: MO7000004706

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 8/3/07

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "LLC," or "L.L.C.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "LLC," or "L.L.C.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, Florida

City Zip Code

New Registered Agent's Signature, if changing 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.

If Changing Registered Agent, Signature of New Registered Agent

FILED

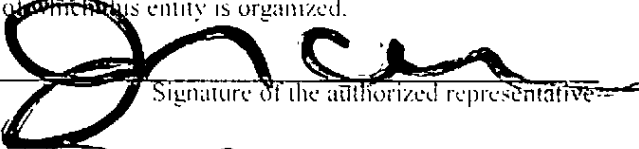
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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

| <u>Title/Capacity</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|-----------------------|-------------------------|-----------------------------------|--|
| <u>MGR</u> | <u>Daniel Coosemans</u> | <u>1900 Sunset Harbour Drive</u> | <input type="checkbox"/> Add |
| | | <u>Annex 2nd FL</u> | |
| | | <u>Miami Beach, FL 33139</u> | <input checked="" type="checkbox"/> Remove |
| <u>MGR</u> | <u>John Olson</u> | <u>1900 Sunset Harbour Drive</u> | <input checked="" type="checkbox"/> Add |
| | | <u>Annex 2nd Floor</u> | |
| | | <u>Miami Beach FL 33139</u> | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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| | | | <input type="checkbox"/> Remove |

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

John Olson

Typed or printed name of signee

Filing Fee: \$25.00