

Division of Corporations Public Access System

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Division of Corporations

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L. SELLERS

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EXAMINER

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REGISTERED AGENT CHANGE

ACP/URS 500 WINDERLEY LLC

Certificate of Status	0
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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.

agent, or both, in the Stat	e of Florida.	mont in brack to	critinge in registering of	hee or regionered
1. The name of the limite	d Hability company	is: ACP/URS 500	WINDERLEY LLC	
2. The mailing address of	f the limited liability	company is : C/C	AMERICA'S CAPITAL PAI	RTNERS
444 BRICKELL AVE., SUITE	900, MIAMI FL 33131			
9/20/2007	, , , , , , , , , , , , , , , , , , ,		107000005666	
3. Date of filing/registrati	on in Florida	4.	Document number	
S. The name of the registe Florida Department of	red agent and the re	gistered office ad	dress as shown on the rec	cords of the
•	CORPORATION SERV	VICE COMPANY		
		Name		
	1201 HAYS STREET	Address	··· · ·	
	TALLAHASSEE FL 32			
	Cit	y, State and Zip		
5. The name and address of	of the new registered	l agent and/or off	ice:	
	CTO	Corporation System		·
	1200 800	Name uth Pine Island Road		
•	Florida street addre			
			or acceptance,	
	Plantation	FL	33324	
	City,	, State and Zip		
f the limited liability com- confirmed that after the ch- and the business office of- iability company, it is her of the members of the lim- or the operating agreement	ange or changes are the registered agent eby confirmed that t ited liability compar	made, the Florid will be identical, the change(s) was ny or as otherwise	a street address of the reg Or, in the case of a Flor were authorized by an a	gistored office ida limited iffirmative vote
/s/ Jude Willia	MS	- LX		
Signature of a member or authoris	and representative of a men	nocej		
ude Williams				
Printed or typed name of signee)			and the state of the state of	(
I hereby accept the appoint omply with the provisions and I am familiar with appoint the provisions of Registered Agent's complete the provisions of	itment as registered of all statutes relat of all statutes relat accept the obligations of the control of the limited liabidation System	agent and agree ive to the proper ons of my position e filed to merely lity company has ———— Spe	io act in this capacity. I and complete performan as registered agent as p reflect a change in the re ocen notified in writing Barbera A. Burko ochi Assistant Secretary	piriner agree to ce of my duties, provided for in wistered office of this change.
	Course - Hair - 1	n A 'bar-4225 5	Tallahaanna 177 43344	4
Division		P.O. Box 6327, 1 NG FEE: \$2 5.00	Tallahassee, FL 32314)	OSI SEL FALL

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