

M14000003754

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 JUN 26 AM 10:50

RA/RO/CH8  
@ 7.14.14



CORPORATION SERVICE COMPANY

CSC - WILMINGTON  
Suite 400  
2711 Centerville Road  
Wilmington De 19808  
800-927-9800  
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Becky Arnold barnold0@cscinfo.com

Date: June 25, 2014

Order#: 191961-005

Re: ACP WYNNFIELD LLC

Enclosed please find:

XX Change of Registered Agent and Office.  
XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.  
XX Issue Proof of Filing.  
XX Please return evidence to the following:

Attn: Becky Arnold  
c/o Corporation Service Company  
2711 Centerville Road, Suite 400  
Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ACP Wynfield 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:

Hiru Bellara  
Name of Person

Building and Land Technology Corp.  
Firm/Company

100 Washington Blvd., Ste 200  
Address

Stamford, Ct. 06902  
City/State and Zip Code

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

For further information concerning this matter, please call:

Hiru Bellara at (203) 644-1517  
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

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

**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: ACP Wynnfield LLC

2. (a) BUILDING AND LAND TECHNOLOGY

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

100 WASHINGTON BLVD, SUITE 200

Stamford, CT

06902

(b) Building and Land Technology

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

100 Washington Blvd. Ste 200

Stamford, Ct. 06902

06/02/2014

3. Date of filing/registration in Florida

M14000003754

4.

Document number

5. (a) C T CORPORATION SYSTEM

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1200 SOUTH PINE ISLAND ROAD

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

PLANTATION

, FL 33324

(b) Corporation Service Company

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

1201 Hays Street

NEW Registered Office Address:

Tallahassee

, FL 32301

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

Mario F. Spinella, CIO/Secretary  
Printed or typed name of signer

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 Corporation Service Company BY:

Becky Arnold, Assistant VP

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