## M4000006206

(Requestor's Name)					
(Requestors Name)					
(Address)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
. <u>.</u> .					
Special Instructions to Filing Officer:					

Office Use Only



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11/15/18--01025--015 \*\*25.00

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11/29/18 05



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ashley Seeman ashley.seeman@cscglobal.com

Date: November 13, 2018

Order#: 478852-009

Re: SEBRING ACOP, 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: Ashley Seeman

c/o Corporation Service Company

251 Little Falls Drive 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.

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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 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.	Na	me of the limited liability company: SEBRING ACOP	LLC		
2	(a)	100 SE 3RD AVENUE SUITE 1800	(b)	100 SE 3RD AVENUE SUITE 1800	
	()	Principal office address of limited liability company:	_ \-'	Mailing address of limited liability company:	
		( <u>Note: MUST BE STREET ADDRESS)</u>	_	( <u>Note: MAY BE POST OFFICE BOX</u> )	
		FT LAUDERDALE, FL 33394	_	FT LAUDERDALE, FL 33394	
		08/29/2014	_	M14000006206	
3.		Date of filing/registration in Florida	4.	Document number	
5.	(a)	GREENSPOON MARDER, P.A.			
	` '	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:			
		200 EAST BROWARD BLVD SUITE 1800			
		Registered Office Address (MUST BE FLORIDA STREET A)	DDRESS)		
		FORT LAUDERDALE FL	33301	٠٠٠ 	
	(b) Corporation Service Company				
	Enter name of NEW Registered Agent and/or NEW Registered			ress:	
		1201 Hays Street			
	NEW Registered Office Address:			<del></del>	
			_ <del>_</del>		
		Tallahassee, FL_	32301		
the ag wa	e cha ent v as/wo	imited liability company is not organized under the laws nge or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	he regist pility cor the limi	ered office and the business office of the registered npany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in	
	/s	3/ Mitchell Eisenberg	Mitch	ell Eisenberg, Manager	
_	Signat	ure of a member or authorized representative of a member		Printed or typed name of signee	
pr the to	ovisi e obli mere tif <mark>ìe</mark> a	by accept the appointment as registered agent and agre- ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided dy reflect a change in the registered office address. The Un writing of this change.	e to act t performa for in Ci creby coi	in this capacity. I further agree to comply with the nce of my duties, and I am familiar with and accept hapter 605. F.S. Or, if this document is being filed afirm that the limited liability company has been	
<u> </u>	<u> </u>	hace C-Kuby	DV. C-	and G. Vieler Aget Vine Demident	
अ।	gnauu	re of Registered Agent Corporation Service Company	DIEUE	ace E. Kirby Asst. Vice President	

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