

PD2000101389

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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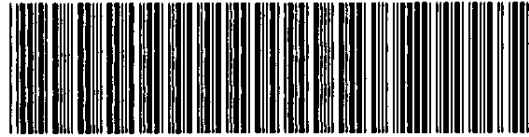
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
11 OCT -5 PM 3:04

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10 10/5/11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: American Capital Financial Trading, Corp
Name of Corporation

DOCUMENT NUMBER: P02000101389

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Juan Carlos Zurita
Name of Contact Person

American Capital Financial Trading, Corp
Firm/Company

2800 Weston Rd, Suite 202
Address

Weston, FL, 33331
City/State and Zip Code

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

For further information concerning this matter, please call:

Juan Carlos Zurita at (954) 385-1717
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 23, 2011

JUAN CARLOS ZURITA
AMERICAN CAPITAL FINANCIAL TRADING CORP
2800 WESTON RD - SUITE 202
WESTON, FL 33331

SUBJECT: AMERICAN CAPITAL FINANCIAL TRADING CORP.
Ref. Number: P02000101389

We have received your document for AMERICAN CAPITAL FINANCIAL TRADING CORP. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 211A00021983

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: American Capital Financial Trading, Corp
2. The principal office address: 2800 Weston Rd, Suite 202, Weston, Fl, 33331
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 09/18/2002 Document number: P02000101389
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Juan Carlos Zurita

2800 Weston Rd, Suite 202

Weston, Fl, 33331

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Juan Carlos Zurita

2200 North Commerce Parkway Suite 110

P.O. Box NOT acceptable

Weston, Fl, 33326

The street address of its registered office and the street address of the business office of its registered agent as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]
Signature of an officer or director

Juan Carlos Zurita
Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]
Signature of Registered Agent

09/15/2011
Date

If signing on behalf of an entity:

Typed or Printed Name

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)

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