## 0000050863

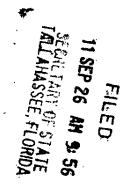
(Re	equestor's Name)	
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## **COVER LETTER**

Amendment Section Division of Corporations TO:

SUBJECT:		UP US, CORP	
	Nam	e of Corporation	
DOCUMENT NUMBER:		P10000050863	
The enclosed Statement of Cha	ange of Registered	Office/Agent and fee are su	ibmitted for filing.
Please return all corresponden	ce concerning this	matter to the following:	
		CARLOS ZURITA	
	Name	of Contact Person	
	ACF GI	ROUP US CORP	
	Fi	rm/Company	
	2800 We	ston Rd, Suite 202 Address	
	Wes City/S	ton, Fl, 33331 tate and Zip Code	
E-mail ad	jczurita@ dress: (to be used	acfgroupus.com I for future annual report i	notification)
For further information concer	ning this matter, p	lease call:	
Juan Carlo		at ( 954 )	385-1717 Daytime Telephone Number
Name of Conta	ct Person	Area Code & D	Daytime Telephone Number
Enclosed is a \$35.00 check ma	ide payable to the I	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

## 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: ACF GROUP US 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: 06/16/2010 Document number: P10000050863
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)
AMERICAN CAPITAL ASSET MANAGEMENT
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, FI, 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.
Signate cot an officer or director  Two 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.
09/15/2011
Signature of Registered Agent Date
If signing on behalf of an entity:
Typed or Printed Name

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