(Requestor's Name)			
(Address)	6002074		
(Address)	000207 1		
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL	05/12/110100		
(Business Entity Name)			
(Document Number)			
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	JA gr		

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FLORIDA DEPARTMENT OF STATE Division of Corporations

May 19, 2011

RAFAEL ALMANZAR ALMANZAR ACCOUNTING SERVICES 8580 NW 6TH LANE #104 MIAMI, FL 33126

SUBJECT: ACROPOLIS DEVELOPMENT GROUP, INC.

Ref. Number: P98000084833

We have received your document for ACROPOLIS DEVELOPMENT GROUP, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Florida law requires any business entity serving in the capacity of a registered agent to have an active registration or filing on our records.

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) 245-6908.

Sylvia Gilbert Regulatory Specialist II

Letter Number: 811A00012512

RECEIVED

11 JUN -2 PM 11: 24

SECKETARY OF STATE
ALLAHASSEE, FLORIDA

COVER LETTER

TO:	Amendment Section Division of Corporations						
SUBJ	ECT:	ACROPOLIS	Name of Co	MENT GROU	P, INC.		
DOCU	JMENT N	UMBER:	P980	00084833			
The er	closed State	ement of Change of	Registered Office	/Agent and fee ar	e submitted for filing.		
Please	return all c	orrespondence conc	erning this matter	to the following:			
			RAFAEL AL	MANZAR			
			Name of Con	tact Person			
	4		Firm/Co	mpany			
			8580 NW 6TH	LANE #104			
			Addr	ess			
		• ;		v • •			
		*16	MIAMI, FI	_ 33126			
			City/State and	d Zip Code	•		
		acco	ounting@adaag	-consulting.co	m		
	-	E-mail address: (to be used for fu	ture annual repo	ort notification)		
For fur	ther inform	ation concerning thi	s matter, please ca	all:			
		Rafael Almanza	r	at (305	、 005 7070 Evt 015		
	Na	me of Contact Perso			285-7373 Ext. 315 Daytime Telephone Number		
Enclos	ed is a \$35.	00 check made paya	able to the Departr	nent of State.			
		Mailing Addr Amendment Division of O P.O. Box 63 Tallahassee,	Section Corporations 27	Divisio Clifton 2661 E.	address: ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301		

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

statement of cha	nge is submitted for a co	orporation organized	607.1508, or 617.1508, Flo d under the laws of the Stat d agent, or both, in the Stat	te of Florida		
1. The name of	the corporation: ACRO	OPOLIS DEVE	ELOPMENT GROU	JP, INC.		
2. The principal	office address: 1385 C	Coral Way PH 40)3			
		, FL 33145				
3. The mailing a	address (if different):					
4. Date of incorp	poration/qualification:	10/02/1998	Document number:	P98000084833		
	d street address of the current of State: (If resign		nt and registered office on f	ile with the		
	Ricardo Londono					
	1385 Coral Way PH 403					
	Miami, FL 33145					
Miami, FL 33145 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):						
	Rafael Almanzar					
	8580 NW 6th Lane	#104		10 _A		
		P.O. Box NOT acc	ceptable	·		
	Miami, FL 33126					
The street address changed will	ess of its registered office be dentical.	ce and the street add	dress of the business offic	e of its registered agent,		
Such change authorized by il	as authorized by resolut ne board, or the corpora	ion duly adopted by Hop has been notifi	y its board of directors or ed in writing of the chang	by an officer so ge.		
Signatu	e of an offiger or director		Ricardo Lo			
I hereby accept I further agree of my duties, an document is bei corporation has	the appointment as reg to comply with the prov ad I am familiar with an ing filed merely to reflect s been notified in writin	istered agent and a isions of all statute. d accept the obliga at a change in the reg of this change.	gree to act in this capacit s relative to the proper an tion of my position as reg egistered office address, I	y. Id complete performance istered agent. Or, if this hereby confirm that the		
To Alio	nature of Registered Agent		05/10/2 Date	011		
If signing on be	chalf of an entity:		Date			
T	yped or Printed Name					

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