P99000046122

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of Florida To change its registered office or registered agent, or both, in the State of Florida	
	he corporation: ACP REALTY SERVICES INC.	_
2. The principal	office address: 444 BRICKELL AVE SUITE 900 MIAMI FL 33131	
3. The mailing a	ddress (if different):	_
4. Date of incorp	oration/qualification: 05/20/1999 Document number: P99000046122	
	street address of the current registered agent and registered office on file with the ament of State:	
	DUNNE, LORRI L COO	
	444 BRICKELL AVENUE SUITE 900	į-
	MIAMI FL 33131 US	.
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered officed. C T Corporation System	コフ
	- Corporation System - Corpora	
	c/o C T Corporation System, 1200 South Pine Island Road	
	(P O. Box NOT acceptable) Plantation, Florida 33324	
	Flattation, Piolica 55524	
_	ss of its registered office and the street address of the business office of its registered agent, be identical. s authorized by resolution duly adopted by its board of directors or by an officer so e board, or the porporation has been notified in writing of the change.	
authorized by th	e board, or the corporation has been notified in writing of the change.	
Mellon	M (aud Anthony Licausi, Attorney in Fact	
I juriner agree to of my duties, and document is bein corporation has	(Printed or typed name and title) the appointment as registered agent and agree to act in this capacity, of comply with the provisions of all statutes relative to the proper and complete performance of I am familiar with and accept the obligation of my position as registered agent. Or, if this ag filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change. The Toporation system In the provision of the provision of the proper and complete performance of the proper and complete performance of the provision of the provisio	
	nature of Registered Agent) Nice President Vice President	
If signing on bel	11	
Anthony LiCausi		
(T)	yped 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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