116000125010

(F	Requestor's Name)	<u> </u>			
(Address)					
(Address)					
(0	City/State/Zip/Phone	#)			
PICK-UP	MAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates o	of Status			
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COVER LETTER

TO:	Registration Section Division of Corporations	•		
SUBJI	FREEPORT-ATLANTA, L.I	L.C.		
	Na	me of Limit	ed Lia	bility Company
Dear S	ir or Madam:			
The en	closed Registered Agent/Registered Of	ffice Change	and fo	ee(s) are submitted for filing.
Please	return all correspondence concerning to	his matter to	the fo	ollowing:
NYIS	HA WRIGHT			
	Name of Person			<u></u>
FREE	PORT-ATLANTA, L.L.C.			
	Firm/Company			-
60 C	DNCERT COURT			
	Address			_
FREE	PORT, FLORIDA 32439			
	City/State and Zip Code			-
STEV	EN.YOUNG210@GMAIL.COM			
E	-mail address: (to be used for future an	nual report r	notifica	ation)
For fur	ther information concerning this matter	, please call	i.	
NYISH	HA WRIGHT	850	I	737-4146
	Name of Person			Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS:		MAJ	LING ADDRESS:
		stration Section		
			vision of Corporations	
	Clifton Building			Box 6327
	2661 Executive Center Circle Tallahassee, Florida 32301		Talla	hassee, Florida 32314
	Enclosed is a check for the following	g amount:		
	☑ \$25 Filing Fee	-	\$55	Filing Fee & Certified Copy

INHS18 (2/14)

Letter Number: 119A00026347



FLORIDA DEPARTMENT OF STATE **Division of Corporations**

December 30, 2019

NYISHA WRIGHT 60 CONCERT CT FREEPORT, FL 32439

SUBJECT: FREEPORT-ATLANTA, L.L.C.

Ref. Number: L16000125010

We have received your document for FREEPORT-ATLANTA, L.L.C. and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Please have Nyisha Wright sign as the new registered agent. You can tell by the two signatures that the second signature is not Nyisha Wright's signature.

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) 245-6050.

Tracy L Lemieux Regulatory Specialist II

TEMENT 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	ame of the limited liability company: FREEPORT-	ATLANTA,	L.L.C.
2. (a)		(b)	
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(/_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	60 CONCERT COURT		
	FREEPORT, FLORIDA 322439		
	06/29/2018	L 1	6000125010
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	STEVEN YOUNG		
J. (u)	Registered Agent and Registered Office shown on the records of	the Florida Dep	t. of State:
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	20 20 ACC
	60 CONCERT COURT		<u> </u>
	FREEPORT , FL	32439	TILE THE
(b)			
(-)	Enter name of NEW Registered Agent and/or NEW Registered	Office address	
	NYISHA WRIGHT		ŕ
	NEW Registered Office Address:		
	, FL	·	
he cha igent w was/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited liar re authorized by an affirmative vote of the members of the organization or the operating agreement of the	the registered ability compa of the limited limited liabil	d office and the business office of the registered my, it is hereby confirmed that the change(s) liability company or as otherwise provided in
Signat	ure of a member or authorized representative of a member		Printed or typed name of signee
ne obil o mere notified	by accept the appointment as registered agent and agroups of all statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a change in the registered office address, I have been a change.	ee to act in the performance of for in Chap hereby confirmation	his capacity. I further agree to comply with the of my duties, and I am familiar with and accept ter 605, F.S. Or, if this document is being filed m that the limited liability company has been