7950000/Q0344

ATLANTIC CONSULTANTS, INC. P.O. BOX. 5932 DELTONO, FL. 32728

City/State/Zip

CR2E031(1/95)

Phone #

Office Use Only

Examiner's Initials

1(Corporation Name)	(Doc	ument #)	
2	Corporation Name)	(Doc	ument #)	
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Profit	Amendment			AH 8: 36 OF STATE E, FLORIDA
NonProfit	Resignation of	of R.A., Officer/ Direct	or)A A
Limited Liability	Change of Re	gistered Agent		
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Florida Department of State, Sandra B. Mortham, Secretary of State

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, the
undersigned corporation organized under the laws of the State of <u>FLORIDA</u> submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation is:ATLANTIC CONSULTANTS, INC.
2. The mailing address of the corporation is: P.O. BOX 5932
DELTONA, FLORIDA 32728
3. Date of incorporation/qualification: 08/04/1995 Document number: P95000060344 (5 4. The name and address of the current registered agent and office:
CAPITAL CONNECTION, INC.
417 EAST VIRGINIA STREET SUITE #1
TALLAHASSEE, FLORIDA 32301
5. The name and address of the new registered agent and office: (P.O. Box Not Acceptation
EDWARD JACOBSON
385 SOUTH NORTHLAKE BLVD. #2036
ALTAMONTE SPRINGS, FLORIDA 32701
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.
(Signature of an officer, chairman of vice chairman of the board) (Date)
EDWARD JACOBSON OFRICERR/VICE PRESIDENT, U.S. OPERATIONS (Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, 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.
(Signature of Registered Agent) Tule 9, 1997 (Date)
If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)

CR2E045(1/95)

FILING FEE: \$35.00