345681

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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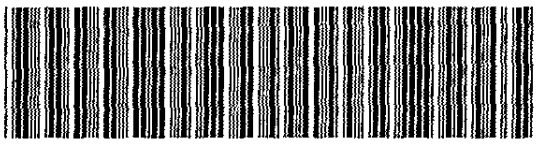

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TALLAHASSEE, FLORIDA

SACHS SAX KLEIN

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SUITE 4150
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EDWARD S. HAMMEL, ESQ.
e-mail: ehammel@ssklawfirm.com

March 29, 2004

Department of State
Divisions of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Re: Atlantic Apartments, Inc.
Document number: 345681
Our File Number 5087.1

Dear Sir/Madam:

Enclosed please find the fully executed Statement of Change of Registered Office or Registered Agent, along with check number 0251 in the amount of Thirty-Five Dollars ($35.00) made payable to Florida Department of State for the above referenced corporation.

Kindly file this Statement of Change of Registered Office or Registered Agent. If you have any questions, please do not hesitate to contact the undersigned. Thank you for your assistance.

Very truly yours,

SACHS SAX KLEIN

Edward S. Hammel

ESH:dcc
Enclosure

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Atlantic Apartments, Inc.
(Name of corporation)

DOCUMENT NUMBER: 345681

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Edward S. Hammel, Esquire
(Name of person)

Sachs, Sax & Klein, P.A.
(Name of firm/company)

301 Yamato Road, Suite 4150
(Address)

Boca Raton, Florida 33431
(City/state and zip code)

For further information concerning this matter, please call:

Edward S. Hammel, Esquire at (561) 994-4499
(Name of person) (Area code & daytime telephone number)

Enclosed is a $35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

CR2E045(09/03)

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: Atlantic Apartments, Inc.

2. The principal office address: 90 NE 19th Avenue, Deerfield Beach, Florida 33441

3. The mailing address (if different):

4. Date of incorporation/qualification: 05/06/1969 Document number: 345681

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Marybeth Goodburn

90 NE 19th Avenue; #10

Deerfield Beach, Florida 33441

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TALLAHASSEE, FLORIDA

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Edward S. Hammel, Esquire

c/o Sachs, Sax & Klein, P.A.

(P.O. Box or personal mailbox NOT acceptable)

301 Yamato Road, Suite 4150, Boca Raton, Florida 33431

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.

Marybeth Goodburn, President
(Signature of an officer or director)

Marybeth Goodburn, President
(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.

(Signature of Registered Agent)

3/26/04
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314