

A97000001414

CDS

INTERNATIONAL HOLDINGS, INC.

400 East Linton Boulevard, #G-3 • Delray Beach, Florida 33483
Tel: (561) 278-1169 • Fax: (561) 278-6930

City/State/Zip

Phone #

700005752877--3
-06/11/02--01026--001
****\$55.00 *****35.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Atlantic Center Ltd. A97-1414
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 JUN 10 AM 11:19

APPROVED
AND
FILED

- | | | |
|-----------------------------------|---|--|
| <input type="checkbox"/> Walk in | <input type="checkbox"/> Pick up time _____ | <input type="checkbox"/> Certified Copy |
| <input type="checkbox"/> Mail out | <input type="checkbox"/> Will wait | <input type="checkbox"/> Photocopy |
| | | <input type="checkbox"/> Certificate of Status |

NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

Examiner's Initials

16-12-02

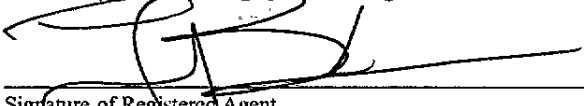
**LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED
OFFICE OR REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. Atlantic Center, Ltd.
Name of the limited partnership
2. 10-26-97
Date of filing/registration in Florida
3. A97000001414
Document number assigned
4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:
Charles E. Muller, II, Esq.
Name
9350 South Dixie Highway, Suite 1550
Address
Miami, FL 33156
City, State and Zip
5. The name and address of the new registered agent and/or office:
Frank J. Bennardo, Esq.
Name
Bennardo & Bennardo
Name
1860 N.W. Boca Raton Blvd.
Florida street address (P.O. Box not acceptable)
Boca Raton FL 33432
City, State and Zip
6. Such change(s) was/were authorized by the general partners.


Signature of General Partner

ATLANTIC CENTER, LTD.
(by) WILLIAM H. MILMOE, TRENT
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 obligations 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 limited partnership has been notified in writing of this change.


Signature of Registered Agent

**Make checks payable to Florida Department of State and mail to:
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
Filing Fee: \$35.00**

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TALLAHASSEE, FLORIDA

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