

F21000003233

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

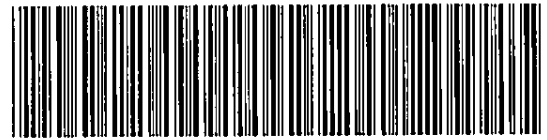
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500399920735

Amend

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2023 APR 26 AM 9:18

FILED

04/07/23--01002--001 \$35.00

A. RAMSEY
APR 27 2023

RECEIVED
Div. Dir.
TALLAHASSEE, FLORIDA

2023 APR -6 PM 3:10

*00789, 00524, 00671

FLORIDA RESEARCH & FILING SERVICES, INC.

1211 CIRCLE DR

TALLAHASSEE, FL 32301

PH: 850-524-4381

PLEASE FILE THE ATTACHED AMENDMENT FOR:

ATLANTIC PRIME DELAWARE CORP.

PLEASE RETURN A STAMPED COPY

CHECK# 9573 FOR: \$35.00



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
2023 APR 26 AM 8:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

April 7, 2023

FLORIDA RESEARCH & FILING SERVICES, INC.

TALLAHASSEE, FL 32301

SUBJECT: ATLANTIC PRIME DELAWARE CORP.
Ref. Number: F21000003233

We have received your document for ATLANTIC PRIME DELAWARE CORP. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form that you submitted is incorrect. It is for a domestic Florida corporation and your entity is a foreign (out of state) corporation. I have enclosed the correct form.

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.

Annette Ramsey
OPS

Letter Number: 023A00007913

* RESUBMITTING
W/ CORRECTIONS

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: ATLANTIC PRIME DELAWARE CORP.

Name of Corporation

DOCUMENT NUMBER: F21000003233

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Adria M. Rodriguez

Name of Contact Person

Oscar I. Alfonso & Associates, P.A.

Firm/Company

1000 Brickell Ave, Suite 410

Address

Miami, FL, 33131

City/State and Zip Code

adria@oialaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Adria M. Rodriguez

at (305) 376-0700

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy

☐ \$52.50 Filing Fee,
Certificate of Status &
Certified Copy

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA
(Pursuant to s. 607.1504, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)

F21000003233

(Document number of corporation (if known))

1. ATLANTIC PRIME DELAWARE CORP.

(Name of corporation as it appears on the records of the Department of State)

2. Delaware

(Incorporated under laws of)

3. 06/07/2021

(Date authorized to do business in Florida)

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? _____

5. _____
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) _____

6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

(New jurisdiction)

8. **If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent _____

(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

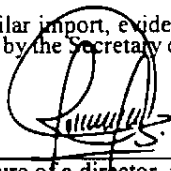
Signature of New Registered Agent, if changing

FILED
2023 APR 26 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
PD	Pedro Loyo	750 SW 34 Street, Suite 200	<input type="checkbox"/> Add
		Fort Lauderdale, FL 33315	<input checked="" type="checkbox"/> Remove
D	Adria Maria Rodriguez	1000 Brickell Avenue, Suite 410	<input type="checkbox"/> Add
		Miami, FL 33131	<input checked="" type="checkbox"/> Remove
PTD	Gabriel Ignacio Sanz	650 SW 34 Street, Suite 314	<input checked="" type="checkbox"/> Add
		Fort Lauderdale, FL 33315	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.



(Signature of a director, president or other officer - if in the hands of
a receiver or other court appointed fiduciary, by that fiduciary)

Gabriel Ignacio Sanz

(Typed or printed name of person signing)

Director

(Title of person signing)

FILING FEE \$35.00