



**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Change Registered Agent  
Name of Corporation

**DOCUMENT NUMBER:** K93606

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:

Michael Azar  
Name of Contact Person

Atlantic Teleconnect, Inc.  
Firm/Company

2529 Commerce Parkway  
Address

North Port, FL 34286  
City/State and Zip Code

accounting@aticonnect.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer Danforth at ( 941 ) 429-8484  
Name of Contact 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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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 Teleconnect, Inc
2. The principal office address: 2529 Commerce Parkway North Port, FL 34286
3. The mailing address (if different):
4. Date of incorporation/qualification: 6/7/89 Document number:

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

John Martens
2529 Commerce Parkway
North Port, FL 34289

SECRETARY OF STATE
TALLAHASSEE, FL

2018 AUG 13 AM 10:00

FILED

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

Michael Azar
2529 Commerce Parkway
North Port, FL 34289

P.O. Box NOT acceptable

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.

Signature of an officer or director

Michael Azar
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

8-6-18
Date

If signing on behalf of an entity:

Typed or Printed Name

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

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