)0000 827070388175 FedEx Tracking Number Date Phone 954 522-6663 Company ATLANTIA HOLDINGS 910 SE 17TH ST STE 300 ce Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Walk in Pick up time Certified Copy Will wait ☐ Mail out Photocopy Certificate of Status **NEW FILINGS AMENDMENTS** -08/06/01--01106 *****25.00 *** ☐ Profit Amendment Not for Profit Resignation of R.A., Officer/Director-Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger OTHER FILINGS REGISTRATION/QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership

Reinstatement Trademark Other

CR2E031(7/97)

Examiner's Initials

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

agent, or ooth, in the State of Flor	ida.
1. The name of the limited liabilit	y company is: Alepou, LLC
2. The mailing address of the limi	ted liability company is:c/o Atlantia Holdings,
910 S. E. 17th Street, Suite 300, Ft. Lauderdale, FL 33316	
10/30/00	L00000013288
3. Date of filing/registration in Flo	
5. The name of the registered agent Florida Department of State:	and the registered office address as shown on the records of the
Linda	0. MacLaren
	Name
798 Sc	outh Federal Highway, Suite 100
Boca B	Address Raton, FL 33432
	City, State and Zip
6. The name and address of the new	•
	Blackburn, Jr.
	, Mattson, Lance, Blackburn, Richards & Cronnor, P.A.
	Name
	ilton Drive
Florida	street address (P.O. Box NOT acceptable)
Fort La	uderdale FL 33305 City, State and Zip
	City, State and Zip
and the business office of the register liability company, it is hereby confi	ot organized under the laws of the State of Florida, it is hereby hanges are made, the Florida street address of the registered office ered agent will be identical. Or, in the case of a Florida limited med that the change(s) was/were authorized by an affirmative vote of company or as otherwise provided in the articles of organization or ed liability company.
William A. Bailey	· · · · · · · · · · · · · · · · · · ·
(Printed or typed name of signee)	
I hereby accept the appointment as comply with the provisions of all sta and I am familiar with and accept the Chapter 608, F.S. Or, if this docume address, I hereby confirm that the li	registered agent and agree to act in this capacity. I further agree to tutes relative to the proper and complete performance of my duties, we obligations of my position as registered agent as provided for in the registered office mitted liability company has been notified in writing of this change.

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

INHS18(10/99)

(Signature of Registered Agent)

FILING FEE: \$25.00