## L040000/4796

(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:

A. LUNT

JUL 11 2011

**EXAMINER** 

Office Use Only



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07/09/12--01015--019 \*\*25.00



## **COVER LETTER**

TO: Registration Section

SÙBĴĒCT:	Atl	antis	Spect	<u>rum</u>	LLC***********************************	<u>;</u>	
					ompany we have the company	St. Careful	
Dear Sir or N	Madam:						
The enclosed	d Registered Agent/Registered (	Office (	Change	and fo	ee(s) are submitted for filing.		
Please return	all correspondence concerning	this m	atter to	the fo	ollowing:		
	Ron York				AS:		
	Name of Person	_		_	(m) (m)	• •	
	Atlantis Spectrum LLC			<del></del>	F STATE		
	Firm/Company				13-	•	
	5 N: Woodward Ave. #8000-1	173	· · · · · · · · · · · · · · · · · · ·	_			
". '							
	Tallahassee, FL 32313			_			
	City/State and Zip Code						
E-mail add	ron@propertymanagerusa.co	om notificatio	on)	_			
For further i	nformation concerning this matt	er, ple	ase call	<b>:</b>	-		
	Ron York	at (	407	)	929-0652		
	Name of Person			Area C	ode & Daytime Telephone Number		
STRI	EET/COURIER ADDRESS:		MA	ILIN	G ADDRESS:		
	tion Section Registration Section of Corporations Division of Corporations						
	sion of Corporations on Building	•					
	Executive Center Circle						
Talla	hassee, Florida 32301						
Encl	osed is a check for the following	ng am	ount:				
\$2	25 Filing Fee		<b>\$</b> 5	55 Fili	ing Fee & Certified Copy		

## 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.

1. Name of the limited liability company:	Atlantis Spectrum LLC			
2. (a) Principal office address of limited liability company	75 N. Woodward Ave. #8000-1173			
(Note: MUST BE STREET ADDRESS)	Tallahassee, FL 32313			
(b) Mailing address of limited liability company:	P.O. Box 536042			
(Note: MAY BE POST OFFICE BOX)	Orlando, FL 32853			
2/16/2004	L04000014796			
	4. Document number			
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:			
Registered Agent:	Eric Singleton			
Registered Office Address:	925 Hacienda Ct. Orlando, FL 32808			
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> ;  NEW Registered Office Address:	Ron York			
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	75 N. Woodward Ave. #8000-1173			
	Taliahassee ,FL 32313			
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement at the limited liability company.  Signature of a member or authorized representative of a member	lorida street address of the registered office			
Ron York Printed or typed name of signee	<del></del>			
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pro and I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that me limited liability company	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office y has been notified in writing of this change.			

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent