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To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : GIBBONS, NEUMAN, BELLO, SEGALI, ALLEN & HANLOPAN, P  
Account Number : 120000000178  
Phone : (813)877-9222  
Fax Number : (813)877-9290

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: jgilbert@gibblaw.com

LLC REGISTERED AGENT CHANGE  
JOHN M. ATKINSON, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

19 JUN 25 PM 12:16

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: JOHN M. ATKINSON, LLCName of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jonathan S. GilbertName of PersonGibbons | NeumanFirm/Company3321 Henderson Blvd.AddressTampa, FL 33609City/State and Zip Codejgilbert@gibblaw.comE-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jonathan S. Gilbertat ( 813 )877-9222Name of PersonArea Code & Daytime Telephone Number

## STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

## MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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: John M. Atkinson, LLC

2. (a) Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
3129 W. Oaklyn Ave.  
Tampa, FL 33609

(b) Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
3129 W. Oaklyn Ave.  
Tampa, FL 33609

3. June 24, 2004  
Date of filing/registration in Florida

4. L04000047546  
Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
John M. Atkinson

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
3129 W. Oaklyn Ave.  
Tampa, FL 33609

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

Rod B. Neuman  
NEW Registered Office Address:  
3321 Henderson Blvd.

Tampa, FL 33609

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

John M. Atkinson

Printed or typed name of signer

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 as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

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

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