104000048324

, (Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT	MAIL	
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of	of Status	
Special Instructions to Filing Officer:		

Office Use Only

G. MCLEOD

MAY 1 9 2009

EXAMINER

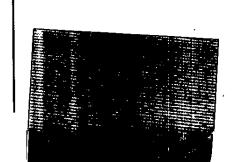


500155983995

05/18/09--01042--017 **110.00

09 MAY 18 PM 1: 23

SECRETARY OF A SATURATION



May 12, 2009

To: Registration Section,
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Change of Registered Agent:

Sophie Elias Family Ltd. (A0000001852) Elias Reunion Holdings LLC (L05000043531) 2701 Avenue E LLC (L09000038751)

Atlantic Capital Advisory Services, LLC (L04000048324)

Dear Sir or Madam:

Enclosed and submitted for filing with the Florida Division of Corporations are the Statements of Change of Registered Agent and applicable filing fees for the above referenced business entities. The enclosed check in the amount of \$110.00 made payable to the Florida Department of State represents the \$35 filing fee for Sophie Elias Family Ltd. Statement and the \$25 filing fee for each of the remaining LLC Statement's.

Please return all correspondence concerning this matter to:

Tracy L. Elias 9858 Clint Moore Road, Suite C111-254 Boca Raton, FL 33496

Thank you for your prompt attention to this matter. If you have any questions, please do not hesitate to contact Tracy L. Elias at 561-573-1446 or smelias@yahoo.com.

Sincerely,

Tracy 🗵. Elias

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

Pursuant to the provisions of sections 608.416 or 608.5 liability company submits the following statement in ordinagent, or both, in the State of Florida.	
1. Name of the limited liability company: Atlantic	Capital Advisory Services, LL
2. (a) Principal office address of limited liability compan	y: 9858 Clint Moore Rd.
(Note: MUST BE STREET ADDRESS)	Boca Raton, FL 33496
(b) Mailing address of limited liability company:	9858 Clint Moore Rd
(Note: MAY BE POST OFFICE BOX)	Suite CIII-254 Boca Raton, FL 33496
06/28/2004	LO4 000 48324
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
Registered Agent:	Tracy L. Elias
Registered Office Address:	9505 New Waterford Cove Delvay Beach, FL 33446
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:	
NEW Registered Agent:	Scott A. Frank
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Sixth Floor West Halm Beach, FL 33401
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 Tracy Printed or typed name of signee 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 608, 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 Vability 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