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	(Address)
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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 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.

2.6, 0. 00,	o oj 2 101 1441			
1. The name of the limite	ed liability company	is: Atla	ntic Crossing USA, LL	<u>C</u>
2. The mailing address of	f the limited liability	company	is: 1901 The Oaks I	3lvd.,
Kissimmee FI 34746				
October 04, 2004			L04000071546	}
3. Date of filing/registrat	ion in Florida		4. Document nun	nber
5. The name of the registe Florida Department of		gistered o	office address as shown of	on the records of the
	1901 The Oaks E	Nam Blvd.	е	
	Kissimmee Fl 34	Addre 746		
6. The name and address		•	•	=======================================
Christina Siha				
	1216 South Miss	Name souri Ave	e, # 406	3
	Florida street addı	ress (P.O	Box NOT acceptable)	บ
	Clearwater	FL	33756	(1)
	City	y, State ar	nd Zip	02
If the limited liability corconfirmed that after the cand the business office of liability company, it is he the members of the limite the operating agreement of the limited that the specific control of the limited that the limited that the specific control of the limited that the specific control of the limited that	mpany is not organize thange or changes are the registered agent ereby confirmed that ed liability company of the limited liability.	ed under e made, the will be i the chang or as othe y compar	the laws of the State of Interpretate the Florida street address dentical. Or, in the case ge(s) was/were authorize erwise provided in the army.	Florida, it is hereby of the registered office of a Florida limited d by an affirmative vote of ticles of organization or
(Signature of a member or author	rized representative of a me	ember)		
Sarah Dixon				
(Printed or typed name of signee		d account a	ud agree to got in this as	rnasitu. I furthar agree to
		a agent a utive to the tions of m ng filed to bility com	na agree to act in inis co e proper and complete p y position as registered o merely reflect a change pany has been notified i	apacity. I further agree to erformance of my duties, agent as provided for in e in the registered office n writing of this change.
Christina				

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

FILING FEE: \$25.00

INH\$18(10/99)

(Signature of Registered Agent)