## L06 0000 79974

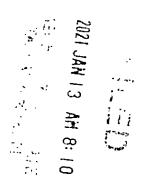
(Requestor's Name)						
(Address)						
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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
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## **COVER LETTER**

то:	Registration Section Division of Corporations					
SUBJI	ATLANTIC COAST REAL ESTATE, LLC	* · *				
	Name of Limited Liability Company					
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered Office Cha	ange and fee(s) are submitted for filing.				
Please	return all correspondence concerning this matter	er to the following:				
Abbiga	nil Webb					
	Name of Person	<del></del>				
ACMC	GMT, LLC					
	Firm/Company					
5875 N	W 163rd Street Ste 105					
	Address	<del></del>				
Miami	Lakes, FL 33014					
	City/State and Zip Code	<del></del>				
abbigai	il@dodgemiami.com					
E	-mail address: (to be used for future annual rep	ort notification)				
For fur	ther information concerning this matter, please	call:				
Abbiga	ail Webb	305 779-9160				
	Name of Person	Area Code & Daytime Telephone Number				
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
	Enclosed is a check for the following amour	nt;				
	■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy				

INHS18 (2/14)

## 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.	Na	me of the limited liability company: ATLANTIC COA	ST RE	AL	ESTATE	, LLC	
2.	(a)	610 LIDO DRIVE		(b)	610 LID	O DRIVE	
	()	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		(0)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		FORT LAUDERDALE, FL 33301			FORT LA	AUDERDALE, FL 33301	
		08/14/2006	_	I.	.06000079	9974	
3.		Date of filing/registration in Florida	4.	_		Document number	
5. (a)	(a)	GREENSPOON MARDER, P.A.					
	` '	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 200 EAST BROWARD BLVD, SUITE # 1800			i		
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			2021 JAN 13 AM 8: 10		
(b)		FORT LAUDERDALE. , FL	33301			<del>2</del> <del>3</del>	
	(b)	Abbigail Webb			The state of the s		
		Enter name of NEW Registered Agent and/or NEW Registered Office address:					
		5875 NW 163rd Street					
		NEW Registered Office Address:				_	
		Ste 105				_	
		Miami Lakes , FL	, FL_33014			_	
cha age was	nge nt w s/wc	mited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liability authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	register bility c f the lin imited	red orr mit lia	office ar ipany, it i ed liabili	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in	
S	ignat	ure of a member or authorized representative of a member				Printed or typed name of signee	
pro the to n not	visio obli nere ifiea	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I have in writing of this change.	ee to ac perform for in ereby c	t ii ian Ch con	n this cap ice of my apter 60 firm that	racity. I further garage to comply with the	