## 100000082422

(Requestor's Name)		
(	Address)	
(	(Address)	
	(City/State/Zip/Phone #)	
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	(Business Entity Name)	
(	(Document Number)	
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J. SAULSBERRY EXAMINER OCT 1 2012

## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: Atlantic Chast Gla  Name of Limited I			
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Ch	nange and fee(s) are submitted f	or filing.	
Please return all correspondence concerning this mat	ter to the following:		
Garth Frieden Name of Person			
AVM, L.P. Firm/Company		2912.8 3.500 TALL!	Market (*
777 Yamato Rd. Ste 300	)	SEP 28 AH LRETARY OF AHASSEE, F	
Boca Raton, FL 33431 City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·	AM 9: 00 OF STATE S. FLORIDA	* . ,
Rath. Fries warm Ltd. com E-mail address: (to be used for future annual report notification)	<u>\</u>		
For further information concerning this matter, please	e call:		
Gath Frieken at (E) Name of Person	Area 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 amou	nt:		
\$25 Filing Fee	\$55 Filing Fee & Certified C	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: Atlantic	Coast Glades, LLC
2. (a) Principal office address of limited liability company	: do Garth Fricsen
(Note: MUST BE STREET ADDRESS)	777 Yamato Rd. Ste 300 BDCa Reton, FL 33431
(b) Mailing address of limited liability company:	c/o Garth Firegen
(Note: MAY BE POST OFFICE BOX)	777 Yawato Rd. Se 300 Boca Raton, PL 33431
3. Date of filing/registration in Florida	<u>L0600082422</u> 4. Document number
5. (a) Registered Agent and Registered Office shown on t	the records of the Florida Dept. of State:
Registered Agent:	Mitch Fogel
Registered Office Address:	2500 N. Military Trail
	Boa Raton, FL 33431
(b) Enter name of <b>NEW Registered Agent</b> and/or <b>NEV</b>	W Registered Office address:
NEW Registered Agent:	Garth Friden
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	777 Yamats Pd.
	BDCa Katon, FL 33491
If the limited liability company is not organized under the l confirmed that after the change or changes are made, the Fl and the business office of the registered agent will be identiability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating predefenent of the limited liability company  Signature of a member or authorized representative of a member  Printed or typed name of signee  I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the provision of all statutes relative to the provision of the provision of the obligations of my position of the provision of the obligations of the provision of the provision of the obligations of the provision of the provision of the obligation of the provision of the obligation of the provision of the provision of the obligation of the provision of the pro	lorida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization
Chapter 608, R.S. Or, if this document is being filed to men address, I hereal to main that the limited liability company  Signature of Registered Agent	rely reflect a change in the registered office has been notified in writing of this change.
Division of Cornerations, P.O. Box 63	27 Tallahassee FL 32314

**FILING FEE: \$25.00**