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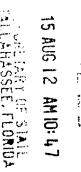
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## **COVER LETTER**

TO:

INHS18 (2/14)

Registration Section

Division of Corporations	Division of Corporations				
	ATOMIC MOTORCYCLE TOWING & RESCUE LLC				
Nam	Name of Limited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Offi	ce Change and	fee(s) are submitted for filing.			
Please return all correspondence concerning thi	s matter to the	following:			
THOMAS PLAIA					
Name of Person	***************************************	<del>_</del>			
Homic Motorcycle Town	09 + Resc	cus LLC			
3874 SW KAISER ST					
Address		<del>_</del>			
PORT SAINT LUCIE FL 34953					
City/State and Zip Code	<del></del>	•			
TPLAIA2428@AOL.COM					
E-mail address: (to be used for future annu	ual report notifi	cation)			
For further information concerning this matter,	please call:				
THOMAS PLAIA	954 at (	3474311			
Name of Person		Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Tallahassee, Florida 32301					
Enclosed is a check for the following amount:					
■ \$25 Filing Fee	<b>□</b> \$5	5 Filing Fee & Certified Copy			

## 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. N	ame of the limited liability company:  ATOMIC MOTO	DRCYCLE TO	WING&RESCUE LLC
2. (a)	9025 VINEYARD LAKE DR PLANTATION FL	(b) 3874 S	SW KAISER ST
(_,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	. (*)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	33323	PORT	SAINT LUCIE FL 34953
			SAINT EUCIE I E 04900
	8-14-2007	L070000	083025
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	THOMAS PLAIA		
J. (u)	Registered Agent and Registered Office shown on the records of the 3874 SW KAISER ST	Florida Dept. of St	ate:
	Registered Office Address (MUST BE FLORIDA STREET ALL PORT SAINT LUCIE FL 34953	DRESS)	
	, FL	'	
	, ru		— A
(b)			AUG AHA
` ,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u>	ffice address:	Ø. → ₩. ₩
	3874 SW KAISER ST PORT SAINT LUCIE F	L 34953	2 AM IO: 47 SEE. FLORID.
	NEW Registered Office Address:		. Gg e C
	3874 SW KAISER St BOR	I SAIN	Lucis & 5
	, FL	34953	<u> </u>
the cha agent v was/w	imited liability company is not organized under the lawsing or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the li	ne registered offi ility company, it the limited liabil	ice and the business office of the registered is hereby confirmed that the change(s) lity company or as otherwise provided in ompany.
Signa	ture of a member or authorized representative of a member	<del></del>	Printed or typed name of signee
provis the ob- to mer	by accept the appointment as registered agent and agree ions of all statutes relative to the proper and complete po- ligations of my position as registered agent as provided j ely reflect a change in the registered office address, I he d in writing of this change.	e to act in this ca erformance of m for in Chapter 60 reby confirm tha	pacity. I further agree to comply with the y duties, and I am familiar with and accept 05, F.S. Or, if this document is being filed at the limited liability company has been
Signati	re of Registered Agent		