L08000028852

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
, , , , , , , , , , , , , , , , , , ,						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
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09/05/08--01025--022 **50.00

SECRETARY OF STATE

T. HAMPTON

SEP 1 0 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations								
SUBJECT: Atlantis Title and Abstract Company LLC (Name of Limited Liability Company)								
Dear Sir or Madam:								
The enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.							
Please return all correspondence concerning	g this matter to the following:							
Robert Atkins								
(Name of Person)								
Atlantis Title and Abstract Company LLC (Firm/Company)								
2700 Westhall Lane, Suite 140, (Address)								
Maitland, FL 32751								
(City/State and Zip Code)								
For further information concerning this mat	ter, please call:							
Robert Atkins	at (407) 875-8040							
(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 followi	ng amount:							
☑ \$25 Filing Fee	□ \$55 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 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.

Name of the limited liability company: <u>Atlantis Title and Abstract Company LLC</u>					_	.	
2.	(a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	y: 33 6th Street South Suite 204 St Petersburg, FL 33701			=	
	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				<u>-</u> -	
	20/08		L08000028852			_	
3.	Dat	te 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	.08		
		Registered Agent:	Jessica Lorden		<u>~</u>		<i>.</i> .
		Registered Office Address:	33 6th Street South Suite 204	ETAR)	-t	FIL	
			St Petersburg, FL 33701	mc		<u> </u>	•
	(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:	STATE	₹ ₩ 3	0	
		NEW Registered Agent:	Robert Atkins	>	9	_	#
		NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2700 Westhall Lane, Maitland, FL	FL_ 3Ձ	751	– –	÷
tha off her lia lim	it affice reby bilit nited	limited liability company is not organized under the ter the change or changes are made, the Florida street of the registered agent will be identical. Or, in the confirmed that the change(s) was/were authorized by company or as otherwise provided in the articles of liability company. The of a member or authorized representative of a member)	laws of the State of Florida, it is et address of the registered office ase of a Florida limited liability	hereby and the	confi e busi	rmed ness is	d
(Pr	inted	B. Atkins, Jr.	_				
I li con am F.S con	nere mply fan S. C nfiri	by accept the appointment as registered agent and a with the provisions of all statutes relative to the provisions of all statutes relative to the provision with and accept the obligations of my position of this document is being the to merely reflect a my that the limited habitity company has been notified	agree to act in this capacity. I fu oper and complete performance as registered agent as provided change in the registered office a d in writing of this change.	orther a of my d for in (iddress,	gree t htties, Chapt I here	o and l er 60d eby	! 8,
(K	gnatı	ure of Registered Agent)					

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Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00