739236

	(Requestor's Name)	
	(Address)	
	(Address)	-
	(City/State/Zip/Phone #)	
PICK-UF	IP WAIT MAIL	
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of Status	_
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Special Instructions to Filing Officer:

A. LUNT

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EXAMINER

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: ATC International Trac	tina LLC
	ne of Limited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registere	d Office Change and fee(s) are submitted for filing.
Please return all correspondence concerni	ing this matter to the following:
Omar Abaza	
(Name of Person)	
ATC International Trading LLC (Firm/Company)	2009 FEB 10
888 Biscayne Blvd. Suite #4110 (Address)	EB 10 PH 3: 03 EL ANT CONTRACTORIO
Miami, FL 33132 (City/State and Zip Code)	
For further information concerning this m	natter, please call:
Omar Abaza	at (<u>786</u>) 210-8725
(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 follow	wing amount:
✓ \$25 Filing Fee	Conv.

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: ATC International	ational Trading LLC	
2. (a) Principal office address of limited liability compar (<i>Note: MUST BE STREET ADDRESS</i>)	Suite # 4110 F	7
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	Mari El 20400 (7)	5
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April 18, 2008 3. Date of filing/registration in Florida	4. Document number	ັ້ນ
5. (a) Registered Agent and Registered Office shown or	n the records of the Florida Dept. of St	tate:
Registered Agent:	Omar Abaza	
Registered Office Address:	815 Euclid Ave Apt. #7 Miami, FL 33139	
(b) Enter name of NEW Registered Agent and/or NI	EW Registered Office address:	
NEW Registered Agent:		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	888 Biscayne Blvd. Suite #4110 Miami ,FL3	2400
If the limited liability company is not organized under the that after the change or changes are made, the Florida stree office of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles limited liability company. (Signature of a member or authorized representative of a member)	e laws of the State of Florida, it is here eet address of the registered office and case of a Florida limited liability com	by confirmed the business
Omar Abaza (Printed or typed name of signee)		
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p am familiar with and accept the obligations of my positio F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notific	l agree to act in this capacity. I furthen proper and complete performance of m on as registered agent as provided for a change in the registered office addre ted in writing of this change.	r agree to sy duties, and I in Chapter 608, ss, I hereby

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