(Red	questor's Name)	
(Add	dress)	
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(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Doc	cument Number)	
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EXAMINER

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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: ATLANTIC ISLA (Name of Line)	TND PROPERTIES LL mited Liability Company)	C	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing	g.	
Please return all correspondence concerning this	matter to the following:		
Brian J. Filmore (Name of Person)		2009 J 1311 J	
ATLANTIC ISLAND PROPERTIES (Firm/Company) 1923 AVE. "D"	LLC.	2009 JAN -8 PH 4: 22 SECRESARY OF STATE ALLAHASSEE, FLORIO,	
(Address)		22 REPA	
Ft. Pierce FL- 34950 (City/State and Zip Code)			
For further information concerning this matter, pl	lease call:		
Brian Filmore at ((Name of Person)	(772) <u>979 - 438/</u> (Area Code & Daytime Telephone Numb	ber)	
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 an	nount:		
\$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.

1. Name of the limited liability company: _ATLANT/	C ISLAND PROPERTIES LLC
2. (a) Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	ny: <u>1923 AVE, "D"</u>
	FT. Pierce, FL-34950
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	1923 AVE. "D"
(Note: MAT BE TOST OFFICE BOX)	Ft. Pierce, FL- 34950
September 24, 2008 3. Date of filing/registration in Florida	L08000044918
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown o	n the records of the Florida Dept. of State:
Registered Agent:	Cheryl tatters DIST
Registered Office Address:	1001 Avenue G Bo
	Fort Pierce, FL - 34950=
(b) Enter name of NEW Registered Agent and/or N	EW Registered Office address:
NEW Registered Agent:	Rufus Filmore Sr.
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1923 Avenue "D"
	Fort Pierce ,FL 34950
If the limited liability company is not organized under the that after the change or changes are made, the Florida stroffice 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.	eet address of the registered office and the business case of a Florida limited liability company it is
Rum Filme	
(Signature of a member or authorized representative of a member)	
Brian Filmon	
(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 partial familiar with and accept the obligations of my positions. Or, if this document is being filed to merely reflect confirm that the limited liability company has been notification.	agree to act in this capacity. I further agree to proper and complete performance of my duties, and I in as registered agent as provided for in Chapter 608, a change in the registered office address, I hereby ed in writing of this change.

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