

108000061939

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE
FEB - 3 2009
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ATLANTICA ONE
(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 this matter to the following:

MARCIA CURRIE
(Name of Person)

ATLANTICA ONE
225 N. FOREST DUNE
ST. AUGUSTINE, FL 32080
(Address)

(City/State and Zip Code)

For further information concerning this matter, please call:

MARCIA CURRIE at (904) 471 0785
(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 amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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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: ATLANTICA ONE

2. (a) Principal office address of limited liability company: 225 N. FOREST DUNE
(Note: **MUST BE STREET ADDRESS**) ST. AUGUSTINE, FL 32080

(b) Mailing address of limited liability company: ATLANTICA ONE
(Note: **MAY BE POST OFFICE BOX**) 225 N. FOREST DUNE
ST. AUGUSTINE, FL 32080

06/24/2008
3. Date of filing/registration in Florida

L 08000061939
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: Randolph Coleman

Registered Office Address: 9250 Baymeadows Rd Suite 450
Jacksonville FL 3225645

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent: MARCIA CURRIE

NEW Registered Office Address: 225 N. Forest Dune
(**MUST BE FLORIDA STREET ADDRESS**) ST AUGUSTINE
FL 32080

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Marcia Currie
(Signature of a member or authorized representative of a member)

MARCIA CURRIE
(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Marcia Currie
(Signature of Registered Agent)

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