

L08000083095

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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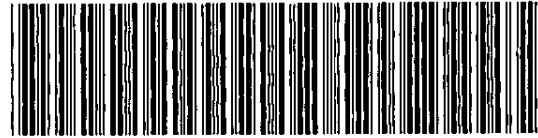
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE
DIVISION OF CORPORATE AFFAIRS
15 JAN 20 PM 4:48
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SUFFICIENCY OF FILING

FILED
15 JAN 20 AM 10:59
SECRETARY OF STATE
TALLAHASSEE, FL 32304

JAN 21 2015

C. CARROTHERS

FLORIDA FILING & SEARCH SERVICES, INC.

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155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 1/20/2015

NAME: ATLANTIC COAST HOUSES LLC

TYPE OF FILING: CHANGE OF AGENT

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Atlantic Coast Houses 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 this matter to the following:

Tara Morales

Name of Person

Capitol Corporate Services, Inc.

Firm/Company

800 Brazos Ste 400

Address

Austin TX 78701

City/State and Zip Code

Magda41@bellsouth.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tara Morales

Name of Person

at (800) 345-4647

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

34-2

**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. Name of the Limited Liability Company:

Atlantic Coast Houses LLC

2. (a) Atlantic Coast Houses LLC

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

3820 SW 79th Avenue, Suite 92

Miami, FL 33155

(b) Atlantic Coast Houses LLC

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

3820 SW 79th Avenue, Suite 92

Miami, FL 33155

09/02/08

3. Date of filing/registration in Florida

L08000083095

4. Document number

5. (a) Capitol Corporate Services, Inc.

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

155 Office Plaza Dr Ste A

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Tallahassee, FL 32301

(b) Magda Santiso

Enter name of NEW Registered Agent and/or NEW Registered Office address:

Magda Santiso

NEW Registered Office Address:

3820 SW 79th Avenue, Suite 92

Miami, FL 33155

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.

[Signature]
Signature of a member or authorized representative of a member

Ellis R. Mirsky

Printed or typed name of signer

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 605, 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.

[Signature]
Signature of Registered Agent

Magda Santiso

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

INHS18 (2/14)

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15 JAN 20 AM 10:59
TALLAHASSEE, FLORIDA
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