L08000083095

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(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 21 2015

C. CARROTHERS

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**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 at ( 800 ) 345-4647
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

INHS18 (2/14)

34-C

**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

3. 09/02/08
Date of filing/registration in Florida

4. L08000083095
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)*

Tallahasssee, FL 32301

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15 JAN 20 AM 10:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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 of a member or authorized representative of a member

Ellis R. Mirsky
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 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 of Registered Agent

Magda Santiso

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

INHS18 (2/14)