L09000077936

| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer | | | | |
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Office Use Only



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COVER LETTER .

| Division of Corporations | | | | | | |
|--|--|--|--|--|--|--|
| RDM ATLANTIC, LLC | | | | | | |
| Name of Limited Liability Company | | | | | | |
| Dear Sir or Madam: | | | | | | |
| The enclosed Registered Agent/Registered Office Chang | ge and fee(s) are submitted for filing. | | | | | |
| Please return all correspondence concerning this matter | to the following: | | | | | |
| GEORGE W. HATCH, ESQ. | | | | | | |
| Name of Person | | | | | | |
| GUILDAY LAW, P.A. | | | | | | |
| Firm/Company | | | | | | |
| 1983 CENTRE POINTE BLVD, SUITE 200 | | | | | | |
| Address | | | | | | |
| TALLAHASSEE, FL 32308 | | | | | | |
| City/State and Zip Code | | | | | | |
| GEORGE@GUILDAYLAW.COM | | | | | | |
| E-mail address: (to be used for future annual repor | t notification) | | | | | |
| For further information concerning this matter, please ca | all: | | | | | |
| GEORGE W. HATCH, ESQ. at (at (| 224-7091 | | | | | |
| Name of Person | Area Code & Daytime Telephone Number | | | | | |
| Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | | | | |
| Enclosed is a check for the following amount: | : | | | | | |
| ■ \$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 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.

| l. Na | ume of the limited liability company: RDM AT | rlantic, llo | 2 | |
|---|---|-----------------------|---|--|
| 2. (a) | | (b) | | |
| () | Principal office address of limited liability compar (Note: MUST BE STREET ADDRESS) | ny: | Mailing a | address of limited liability company: MAY BE POST OFFICE BOX) |
| | 8477 MIZNER CIRCLE EAST | | PO BOX 47107 | 7 |
| | JACKSONVILLE, FL 32217 | | JACKSONVIL | LE, FL 32247 |
| | 08/12/2009 | L | .09000077936 | |
| 3. | Date of filing/registration in Florida | 4. | Docun | nent number |
| 5. (a) | | | | |
| J. (u) | Registered Agent and Registered Office shown on the reco | ords of the Florida I | Dept. of State: | |
| | SUNIL RAJAN | | | |
| | Registered Office Address (MUST BE FLORIDA ST. | REET ADDRESS) | | |
| | 13846 ATLANTIC BLVD | | | 2023 |
| | JACKSONVILLE | FL_32225 | *************************************** | FILET 2023 JUN 28 AM TALLAHASSEE. |
| (b) | GUILDAY LAW, P.A. | | | FT: 1 |
| ν-, | Enter name of NEW Registered Agent and/or NEW Reg | zistered Office add | ress: | E Pro |
| | GEORGE W. HATCH, ESQ. | | | H 8: 35 |
| | NEW Registered Office Address: | | | Þ |
| | 1983 CENTRE POINTE BLVD, SUITE 2 | .00 | | |
| | TALLAHASSEE | FL 32308 | | |
| lf tha l | initial liability annually in the constitution of the | , . ~ | ······································ | in the section of the |
| change | imited liability company is not organized under to or changes are made, the Florida street address will be identical. Or, in the case of a Florida limit | of the registered | l office and the bu | usiness office of the registered |
| was/wo | ere authorized by an affirmative rate of the mem tles of organization or the operating agreement | ibers of the limit | ed liability comp | any or as otherwise provided in |
| ine arti | icles of organization or the operating agreement | of the limited lia | bility company. | Raion |
| Siena | ture of a member or authorized representative of a member | | Suni Printed | Lor type Inanic of signee |
| l herei provisi the obl to mer | by accept the appointment as registered agent are ions of all statutes relative to the proper and con igations of my position as registered agent as prely reflect a change in the registered office address of writing of this change. | nd ourse to act i | n this capacity. I | further agree to comply with the |
| Cianan | se of Registered Agent | | | |