4000000000000

•			
(Re	equestor's Name)		
(Address)			
(Address)			
(Cil	ty/State/Zip/Phone	e #)	
PICK-UP	WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			
		,	
	•		
	·		

Office Use Only



400180181564

05/13/10--01012--023 **25.00

10 MAY 13 AM 8: 40
SECRETANY OF STATE
ALLAHASSEE: FLORINA

S. HAWKES

MAY I 4 2010

EXAMINER

COVER LETTER

Division of Corporations	;		
SUBJECT:	NEW HOM	IES ATB, L.L.	C
	Name of Limited	Liability Compan	У
Dear Sir or Madam:			
The enclosed Registered Agent/	Registered Office C	hange and fee(s) a	are submitted for filing.
Please return all correspondence	concerning this ma	tter to the following	ng:
Marilyn Do			
Name of Fer	SOII		
New Homes Acros Firm/Compa			
Keller-Williams, 3450 Bus	chwood Pk. Dr. #3	345	
Tampa, FL City/State and Zi			
nhamarilyn@ E-mail address: (to be used for future	aol.com e annual report notification	<u>)</u>	
For further information concerns	ing this matter, pleas	se call:	
Marilyn Downing	at (813)	319-6200
Name of Person		Area Code & D	Paytime Telephone Number
Registration Section Division of Corporations Clifton Building 2661 Executive Center Circ Tallahassee, Florida 32301		MAILING ADI Registration Sec Division of Corp P.O. Box 6327 Tallahassee, Flor	ction porations
Enclosed is a check for	the following amou	ınt:	
\$25 Filing Fee		\$55 Filing Fee	e & Certified Copy

TO: Registration Section

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.

	~u' 0
Name of the limited liability company:	NEW HOMES ATB, EL.C.
2. (a) Principal office address of limited liability compa	my: Keller Williams Tampa Broperties
(Note: MUST BE STREET ADDRESS)	3450 Buschwood Pk. Dr. 74345 75 75 75 75 75 75 75 75 75 75 75 75 75
(b) Mailing address of limited liability company:	97 5 88 5
(Note: MAY BE POST OFFICE BOX)	7
January 19, 2010	L1000006089
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown of	on the records of the Florida Dept. of State:
Registered Agent:	John J. Cunningham, Jr. (resigned)
Registered Office Address:	Keller Williams Tampa Properties 3450 Buschwood Pk. Dr. #345
	Tampa, FL 33618
(b) Enter name of <u>NEW Registered Agent</u> and/or- <u>N</u>	
NEW Registered Agent:	Marilyn Downing
Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Keller Williams Tampa Properties 3450 Buschwood Pk. Dr. #345
	Tampa ,FL <u>33618</u>
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ideliability company, it is hereby confirmed that the change of the members of the limited liability company or as off or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member.	Florida street address of the registered office entical. Or, in the case of a Florida limited (s) was/were authorized by an affirmative vote
Marilyn Downing 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 p and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to a address, I hereby confirm that the limited liability compo	l agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in nerely reflect a change in the registered office any has been notified in writing of this change.
Mariley Lowenic	

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

Signature of Registered Agent