## L1000011482

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
. (Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



700181308917

05/28/10--01021--013 \*\*25.00

B. KOHR

JUN - 2 2010

**EXAMINER** 



## **COVER LETTER**

Division of Corporations			
•	<b>.</b>		
SUBJECT:ATC Apartme	nt Management, 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 m	atter to the following:		
Shelly Martin  Name of Person			
Name of Felson			
ATC Apartment Management, LLC			
Firm/Company			
220 Boy Scout Road			
Address			
Augusta, Georgia 30909  City/State and Zip Code			
Chyrstale and Exp code			
shellym@atcdevelopment.com  E-mail address: (to be used for future annual report notificati			
E-mail address: (to be used for future annual report notificati	01)		
For further information concerning this matter, ple	ase call:		
Shelly Martin at (	706 ) 736-4748		
Name of Person	Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327		
2661 Executive Center Circle	Tallahassee, Florida 32314		
Tallahassee, Florida 32301	- <b></b>		
Enclosed is a check for the following amount:			
\$25 Filing Fee	\$55 Filing Fee & Certified Copy		
A mgg r innig r oa			

INHS18 (5/08)

STATEMENT OF CHANGE OF REGISTERED OFFI BOTH FOR LIMITED LIABILITY COMPANY	CE OR REGISTERED AGENT OR	
Pursuant to the provisions of sections 608.416 or 608.50 liability company submits the following statement in order agent, or both, in the State of Florida.	08, Florida Statutes, the undersighed limbets r to change its registered office or registered	
1. Name of the limited liability company:ATC	Apartment Management, LLC	
2. (a) Principal office address of limited liability company	·:	
(Note: MUST BE STREET ADDRESS)	220 Boy Scout Road Augusta, Georgia 30909	
(b) Mailing address of limited liability company:		
(Note: MAY BE POST OFFICE BOX)	220 Boy Scout Road Augusta, Georgia 30909	
January 29, 2010	L10000011482	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:	
Registered Agent:	William R. Belangia	
Registered Office Address:	123 West Hirth Road Fernandina Beach, Florida 32034	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u> <u>NEW</u> Registered Agent:	W Registered Office address:  Corporation Service Company	
<del></del>	1201 Hays Street	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Tallahassee ,FL 32301	
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		
WILLIAM R. BELANGIA  Printed or typed name of signee	_	
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my particular to the continuous of the	igree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office y has been notified in writing of this change.	
Stephature of Registered Agent		

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