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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
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O SIMMONS

COVER LETTER

TO: Registration Section Division of Corporations	•							
ABC ATLANTIC INVEST:	MENTS LLC							
Name of Limited Liability Company								
Dear Sir or Madam:								
The enclosed Registered Agent/Registe	red Office Change and fee(s) are submitted for filing.							
Please return all correspondence concer	ming this matter to the following:							
EDUARDO GONZALEZ								
Name of Perso								
FLORIDA CORPORATE REGISTERED	AGENTS, LLC.							
Firm/Company	,							
8323 NW 12 STREET, SUITE 102								
Address								
DORAL, FL 33126								
City/State and Zip	Code							
E.GONZALEZ@GRC-CPA.COM								
E-mail address: (to be used for fu	cure annual report notification)							
For further information concerning this	matter, please call:							
EDUARDO GONZALEZ	305 477-6969							
Name of Person	Area Code & Daytime Telephone Numbe							
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 fol	lowing amount:							
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy							
INHS18 (2/14)								

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.

(a)	8323 NW 12 STREET, SUITE 102(b)			8323 NW	12 STREET, ST	JITE 102		
(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)		Mailing address o			y:
	DORAL, FL 33126			DORAL,	FL 33126			
	12/08/2010		L	10000125	729			
	Date of filing/registration in Florida	4.			Document nu	mber		
(a)	ROBLEDO, ANTHONY							
(a)	Registered Agent and Registered Office shown on the records of	of the Flo	rida [Dept. of Sta	te:			
	Registered Office Address (MUST BE FLORIDA STREET	TADDR	ESS)			• ,	2821 JUR	
	3901 NW 79TH AVENUE, SUITE 104				_			
	DORAL	3316	3166				⇔	
	*	L				i	<u>P</u> :	
(b)	FLORIDA CORPORATE REGISTERED AGENTS, LLC.				_		ري	•
	Enter name of NEW Registered Agent and/or NEW Registere	ed Offic	: addı	ress:		.F.	$\frac{-}{\omega}$	
	NEW Registered Office Address:			•	_			
	8323 NW 12 STREET, SUITE 102							
					_			
	DORAL	L_3312	6					
ne li	mited liability company is not organized under the la			tate of FI	 orida, it is here	by confirm	ed that aft	ert
nge nt w s/we	or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lime authorized by an affirmative vote of the members cles of organization of the operating agreement of the	e regis liability of the	tered con limit	office an ipany, it i ed liabilii	nd the business is hereby confir ty company or	office of th	e registere ie change(ed (s)
	1	Į	DUA	RDO GO	NZALEZ			
gnat	ute of a member or authorized representative of a member				Printed or typed	name of sign	ee	
visi	by accept the appointment as registered agent and agens of all statutes relative to the proper and completing ations of my position as registered agent as providity reflect a change in the registered office address, I	e perfo	rman	ce of my	duties, and I ar	n familiar 1	with and a	<i>icce</i>