

U1000107914

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

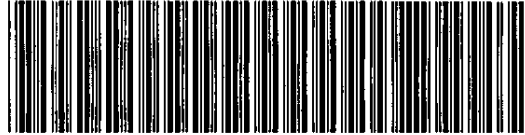
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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T. L. HOSSE, T. P. P. M. A.

JUL 08 2015

S. YOUNG



**ATLANTIC AMERICAN  
OPPORTUNITIES FUND**

101 E. Kennedy Blvd., Suite 3300  
Tampa, FL 33602  
(813) 318-9444

June 25, 2015

TO: Registration Section  
Division of Corporations

SUBJECT: AAOFI – Horizon Park, LLC; FL Doc #L11000107914  
AAOFI – Lauderdale Manor, LLC; FL Doc #L11000050613  
AAOFI – Tarpon Springs, LLC; FL Doc #L11000046464  
AAOFI – Washington Shores, LLC; FL Doc #L12000006415  
AAOFII – Mills Park Retail, LLC; FL Doc #L12000138999

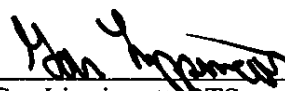
In addition to the enclosed Change of Registered Office paperwork for the above-referenced entities, please change the addresses on the 2015 Florida Limited Liability Company Annual Reports for the (1) Current Principal Place of Business; (2) Current Mailing Address; and (3) Authorized Person(s) Detail for each of these entities, too.

The new address for all is as follows:

101 E. Kennedy Blvd.  
Suite 3300  
Tampa, FL 33602

If you have any questions, please do not hesitate to contact me at (813) 318-9444.

Thank you.

  
\_\_\_\_\_  
Gar Lippincott, ITS

Enc: (5) Form INHS18 (2/14)  
(5) \$25.00 Filing Fee

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SECRETARY OF STATE  
TAMPA, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AAOFI - Horizon Park, 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:

Gar Lippincott

Name of Person

Atlantic American Opportunities Fund

Firm/Company

101 E. Kennedy Blvd, Suite 3300

Address

Tampa, FL 33602

City/State and Zip Code

glippincott@atlanticamericanpartners.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gar Lippincott

Name of Person

at ( 813 )

318-9444

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

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TALLAHASSEE, FLORIDA

**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: AAOFI - Horizon Park, LLC

2. (a) 101 E. Kennedy Blvd. (b) 101 E. Kennedy Blvd.

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

Suite 3300

Suite 3300

Tampa, FL 33602

Tampa, FL 33602

September 21, 2011

L11000107914

3. Date of filing/registration in Florida

4. Document number

5. (a) Robert Moreyra

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

102 W. Whiting St.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Suite 600

Tampa, FL 33602

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

101 E. Kennedy Blvd.

NEW Registered Office Address:

Suite 3300

Tampa, FL 33602

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

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

Gar Lippincott

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

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