LIICONZBAGG

(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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MAY 3 1 2017 J. HARRIS

COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJE					·		
	Nam	e of Lir	nited Li	ability	Company		
Dear S	ir or Madam:						
The en	closed Registered Agent/Registered Offic	cc Chai	nge and	fec(s) a	are submitted for filing.		
Please return all correspondence concerning this matter to the following:							
	Tae Shin						
	Name of Person			-			
	Shin Law Firm, P.A.						
	Firm/Company						
	201 E. Pine St., Suite 320						
	Address						
	Orlando/ FL 32801						
	City/State and Zip Code						
	tshin@shinlawgp.com						
E	-mail address: (to be used for future annu	ial repo	ort notifi	cation)	•		
For further information concerning this matter, please call:							
	Tae Shin	_ at (_	407)	730-7814		
	Name of Person			Area	Code & Daytime Telephone Number		
	STREET/COURIER ADDRESS:		MA	ALING	G ADDRESS:		
	Registration Section Registration Section						
	Division of Corporations Division of Corporations						
	Clifton Building P.O. Box 6327						
	2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301						
Enclosed is a check for the following amount:							
	\$25 Filing Fee		□ \$5	5 Filin	g Fee & Certified Copy		
INHS18	3 (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.

1.	Na	me of the limited liability company: ATKIN P	ROPE	ERTIES, LL	C
2	(a)	2250 N.W. 114TH AVENUE,		(b)	2250 N.W. 114TH AVENUE
	(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(-)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		UNIT 1P			UNIT 1P
		MIAMI, FL 33172-3652			MIAMI, FL 33172-3652
		04/23/2013			L11000123994
3,		Date of filing/registration in Florida		4.	Document number
5.	(a)	Tae Shin			
		Registered Agent and Registered Office shown on the record	s of the	Florida Dept. o	f State:
		7680 Universal Blvd.,			
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				TAL SE	
		Suite 198			L AHY
		Orlando	, FL	32819	26
	(b)	Tae Shin			<u> </u>
	(-)	Enter name of NEW Registered Agent and/or NEW Register	ered Of	fice address:	STATE ORNOR
		201 E. Pine St.,			DA
		NEW Registered Office Address:			
		Suite 320			
					·
		Orlando	, FL	32801	·
the age	cha ent v s/w	imited liability company is not organized under the inge or changes are made, the Florida street addres will be identical. Or, in the case of a Florida limite authorized by an affirmative vote of the member cles of organization or the operating agreement of	s of the d liabil ers of th	e registered of lity company ne limited lia	office and the business office of the registered to it is hereby confirmed that the change(s) ability company or as otherwise provided in
_	iona	ture of a member or authorized representative of a member		TF	Printed or typed name of signee
I he to a	nere ovisi obl mer tifie	by accept the appointment as registered agent and ons of all statutes relative to the proper and compligations of my position as registered agent as provely reflect a change in the registered office address of in writing of this change. The of Registered Agent	agree lete per vided fo s, I her		
21	5114111	TO OF REGISTER AREAS			