

L1200000/636

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
SEP 21 2015



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
15 SEP 18 PM 2:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

August 11, 2015

METZ, HUSBAND & DAUGHTON, P.A.  
WARREN HUSBAND  
P.O. BOX 10909  
TALLAHASSEE, FL 32302-2909

SUBJECT: ATP POLITICAL CONSULTING, LLC  
Ref. Number: L12000001636

We have received your document for ATP POLITICAL CONSULTING, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly  
Regulatory Specialist II

Letter Number: 115A00016929

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ATP Political Consulting, 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:

Warren Husband

\_\_\_\_\_  
Name of Person

Metz, Husband & Daughton, P.A.

\_\_\_\_\_  
Firm/Company

P.O. Box 10909

\_\_\_\_\_  
Address

Tallahassee, FL 32302-2909

\_\_\_\_\_  
City/State and Zip Code

whh@metzlaw.com

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

For further information concerning this matter, please call:

Warren Husband

at ( 850 )

205-9000

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
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 (*\$35 previously  
Submitted*)

☐ \$55 Filing Fee & Certified Copy

**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: ATP Political Consulting, LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

119 S. Monroe St., Ste 200

P.O. Box 10909

Tallahassee, FL 32301-1591

Tallahassee, FL 32302-2909

01/04/2012

L12000001636

3. \_\_\_\_\_ 4. \_\_\_\_\_  
Date of filing/registration in Florida Document number

5. (a) \_\_\_\_\_  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Warren Husband

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

215 S. Monroe St., Suite 505

Tallahassee, FL 32301

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

Warren Husband

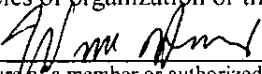
NEW Registered Office Address:

119 S. Monroe St., Ste 200

Tallahassee, FL 32301-1591

FILED  
2015 SEP 18 PM 4:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

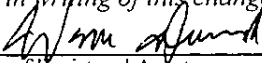
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida 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

Warren Husband, VP of MGRM

Printed or typed name of signer

*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