## LAMOON/5

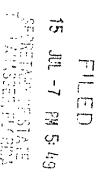
. (Req	uestor's Name)				
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JUL 0 8 2015 S. YOUNG

## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: AAOFI - Washington Shore			
Nat	me of Limited L	iability Company	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Of	fice Change and	fee(s) are submitted for filing.	
Please return all correspondence concerning the	his matter to the	following:	
Gar Lippincott			
Name of Person		<del></del>	
Atlantic American Opportunities Fund			
Firm/Company		<u> </u>	
101 E. Kennedy Blvd, Suite 3300			
Address		<del></del>	
Tampa, FL 33602			TR T
City/State and Zip Code		<del>_</del>	題自卫
glippincott@atlanticamericanpartners.	com		1 -7 -B
E-mail address: (to be used for future an	nual report notif	fication)	
For further information concerning this matter	r, please call:		5 5
Gar Lippincott	813	318-9444	
Name of Person		Area Code & Daytime Teleph	ione Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Re Di P.	AILING ADDRESS: egistration Section ivision of Corporations O. Box 6327 allahassee, Florida 32314	
Enclosed is a check for the followin	g 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.

	me of the limited liability company: AAOFI - Wa	Sillington Si	hores, LLC		
(a)	101 E. Kennedy Blvd.	(b) 1	(b) 101 E. Kennedy Blvd.		
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Suite 3300	<u>S</u>	Suite 3300		
	Tampa, FL 33602		ampa, FL 33602		
	January 13, 2012	L1	2000006415		
	Date of filing/registration in Florida	4.	Document number		
(a)	Robert Moreyra				
(4)	Registered Agent and Registered Office shown on the records of	of the Florida De	pt. of State:		
	102 W. Whiting St.				
	Registered Office Address (MUST BE FLORIDA STREET	( ADDRESS)			
	Suite 600				
	Tampa, F	33602			
	,1	L			
(b)					
	Enter name of NEW Registered Agent and/or NEW Registered	ed Office addres	s: 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	101 E. Kennedy Blvd.		स्ति कु नि		
	101 E. Kennedy Blvd.  NEW Registered Office Address:				
	<u> </u>		PER STATE OF		

the articles of organization or the operating agreement of the limited liability company.

Gar Lippincott

Signature of a member a uthorized representative of a member 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