L12000/23866

(Requestor's Name)					
(Address)					
(Address)					
(City	//State/Zip/Phone #)				
PICK-UP	WAIT MAIL				
(Bus	siness Entity Name)				
(Document Number)					
Certified Copies	Certificates of Status				
Special Instructions to Filing Officer:					
·					

Office Use Only



700301693317

700301693317 07/28/17--01009--016 **25.00

> 2017 JUL 26 A IN 52 SECRETARY OF SEALE TALLAHASSES FLORID

FILED

n RRUCE JUL ^{28 2017}

	COVERL	ETTER			
TO: Registration Section Division of Corporations		1			
SUBJECT: ATLANTIS DISCOVERIES, LL	.C				
	f Limited L	lability 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 n	iatter to the	following:			
Emily Smith		l			
Name of Person		<u> </u>			
Paracorp Incorporated			Ι<u>Α</u>:	20	
Firm/Company		-	ECRE		
PO Box 160568		<u> </u>	Iniv ASSI	MI SETUL	
Address				_	
Sacramento, CA 95816		1	RE l'Airei Ur 3 I'AI E AHASSEE. FLORIDA		
City/State and Zip Code			⊅	E	
		I			
E-mail address: (to be used for future annual	report notif	ication)	=		
For further information concerning this matter, ple	ase call:	1	SECR		
Emily Smith	888 at (280.6563	2017 JUL 21 SECRETAR ALLAHASS		
Name of Person	m (<u> </u>	Area Code & Daytime Telepl	ione Number	m	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Re Di P.C	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following an	iount:	1			
☑ \$25 Filling 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

t. Na	ume of the limited liability company: ATLANTIS DIS	SCOVE	RIES, LLC	
2. (a)	, ,	(b)	1	
s. (\.)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (-)	Mailing address	s of limited liability company: (BE POST OFFICE BOX)
	390 N. ORANGE AVENUE, SUITE 1400		390 N. ORANGE A	AVENUE, SUITE 1400
	ORLANDO, FL 32801	-	ORLANDO, FL 32	801
	09/27/2012	i	12000123866	
3.	Date of filing/registration in Florida	4.	Document r	number
5. (a)	B & C CORPORATE SERVICES OF CENTR	AL FLO	RIDA	
. (α)	Registered Agent and Registered Office shown on the records of th	e Florida i	Dept. of State:	
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)	<u> </u>	
	390 NORTH ORANGE AVE STE 1400			
	ORLANDO , FL	32801	<u> </u>	2817 SEC TALL
(b)	Paracorp Incorporated	·-		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office add	ress :	26 ASSEE
	155 Office Plaza Drive, 1st Floor		1	
	NEW Registered Office Address:		ı	H: 52
			1	<i>y</i>
	Tallahassee , FL	323)1 1	
the charagent values was/we the artification of the control of the	imited liability company is not organized under the law inge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liability and affirmative vote of the members of cleriot organization or the operating agreement of the law of a member or authorized representative of a member of the law of a member of a member of a member one of all statutes relative to the proper and complete proper and complete properties of my position as registered agent as provided by reflect a change in the registered office address, I had in withing of this change.	he regist bility con the limited li inited li et o act a performa for in Cereby con	ered office and the bus npany, it is hereby con ted liability company e ability company. Scott Printed or typ	siness office of the registered dirmed that the change(s) or as otherwise provided in Out of signee
Signatu	Milton Vong, Assistant Secret	агу		