## L 200338999

| (Re                                     | questor's Name)    |             |  |  |  |
|---|--------------------|-------------|--|--|--|
| (Address)                               |                    |             |  |  |  |
| (Address)                               |                    |             |  |  |  |
| (Cit                                    | ry/State/Zip/Phone | e #)        |  |  |  |
| PICK-UP                                 | ☐ WAIT             | MAIL        |  |  |  |
| (Business Entity Name)                  |                    |             |  |  |  |
| (Document Number)                       |                    |             |  |  |  |
| Certified Copies                        | _ Certificates     | s of Status |  |  |  |
| Special Instructions to Filing Officer: |                    |             |  |  |  |
|   |                    |             |  |  |  |
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8002747252763 07/07/15-01014-018 #25.00



JUL 0 8 2015 S. YOUNG

## COVER LETTER

TO: Registration Section
Division of Corporations

AAOFII - Mills Park Retail, LLC

| SUBJECT:Nails Park Retail,   |   | Liability Company                  |                              |  |
|--|---|------------------------------------|------------------------------|--|
|  | ne or Emilieu i   | Elability Company                  |                              |  |
| Dear Sir or Madam:   |   |                                    |                              |  |
| The enclosed Registered Agent/Registered Of  | fice Change an  | d fee(s) are submitted for filing. |                              |  |
| Please return all correspondence concerning the  | his matter to the   | e following:                       |                              |  |
| Gar Lippincott   |   |                                    |                              |  |
| Name of Person   |   |                                    |                              |  |
| Atlantic American Opportunities Fund   |   |                                    |                              |  |
| Firm/Company   |   |                                    |                              |  |
| 101 E. Kennedy Blvd, Suite 3300  |   |                                    |                              |  |
| Address  |   | <del></del>                        |                              |  |
| Tampa, FL 33602  |   |                                    | _ ( <sub>322</sub> <b>रो</b> |  |
| City/State and Zip Code  |   | <del></del>                        | 1                            |  |
| glippincott@atlanticamericanpartners.  | com   |                                    |                              |  |
| E-mail address: (to be used for future an  | nual report not   | ification)                         |                              |  |
| For further information concerning this matter   | r, please call:   |                                    | FISTA \$5                    |  |
| Gar Lippincott   | 813   | 318-9444                           | DE #9                        |  |
| Name of Person   | ai (  | Area Code & Daytime Telep          | hone 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 followin   | g amount:   |                                    |                              |  |
| <b>☑</b> \$25 Filing Fee   | □ \$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. Na                       | ame of the limited liability company: AAOFII - Mill  | s Park F  | Retai                              | il, LLC   |
|-----------------------------|--|---|------------------------------------|---|
| 2. (a)                      | 101 E. Kennedy Blvd.   | (b  | 10                                 | 1 E. Kennedy Blvd.  |
| 2. (u)                      | Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)   | (0  | /                                  | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)  |
|                             | Suite 3300   |   | Sui                                | ite 3300  |
| •                           | Tampa, FL 33602  |   | Tar                                | mpa, FL 33602   |
|                             | November 01, 2012  |   | L120                               | 000138999   |
| 3.                          | Date of filing/registration in Florida   | 4.  |                                    | Document number   |
| 5. (a)                      | Robert Moreyra   |   |                                    |   |
| 5. (u)                      | 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) Suite 600   | <u>ADDRESS</u>                                      | 2                                  | <u>.                                    </u>  |
|                             | Tampa , FI   | 33602   |                                    |   |
| 41                          |  |   |                                    |   |
| (b)                         | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>   | l Office add  | dress:                             |   |
|                             | 101 E. Kennedy Blvd.   |   |                                    |   |
|                             | NEW Registered Office Address:   |   |                                    | Signal Signal   |
|                             | Suite 3300   |   |                                    |   |
|                             | Tampa , FI   | 33602   |                                    | <u>.</u>  |
| the cha<br>agent was/w      | limited liability company is not organized under the latange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the | f the registiability control  of the lime limited l | stered<br>mpar<br>ited l<br>iabili | d office and the business office of the registered<br>ny, it is hereby confirmed that the change(s)<br>liability company or as otherwise provided in  |
| Signa                       | ature of a member or authorized representative of a member   |   |                                    | Printed or typed name of signee   |
| provis<br>the ob-<br>to mer | by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.                                 | ree to act<br>performed<br>ed for in (<br>hereby co | in th<br>ance c<br>Chapt<br>onfirn | nis capacity. I further agree to comply with the<br>of my duties, and I am familiar with and accept<br>ter 605, F.S. Or, if this document is being filed<br>m that the limited liability company has been |

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

Signature of Registered Agent