113000006932

(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:

Office Use Only



800302003908

08/08/17--01016--026 **25.00

17 AUG -8 PH 3: 08

S. WARREN AUG 0 9 2017

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJI	8525 Atlantic Blvd. LLC				
	Name of Limited Liability Company				
Dear S	ir or Madam:				
The en	closed Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.		
Please	return all correspondence concerning th	is matter to the	following:		
Jame	s A. March				
	Name of Person		_		
8525	Atlantic Blvd. LLC				
	Firm/Company				
8505	Atlantic Blvd.				
	Address				
Jacks	sonville, FL 32211				
	City/State and Zip Code		_		
Jasoi	n@marchmotors.com				
	-mail address: (to be used for future ann	nual report notif	ication)		
For fu	rther information concerning this matter	, please call:			
Jame	s March	904	805-0105		
	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	Re Di P.e	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 llahassee, Florida 32314		
	Enclosed is a check for the following	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.

Na	me of the limited liability company: 8525 Atlantic	DIVU. LLC	,
	8505 Atlantic Blvd	(b) 8	505 Atlantic Blvd.
(4)	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)
	Jacksonville, FL	<u>J</u> .	acksonville, FL
	32211	_ 3	2211
	January 14, 2013	L1	300006932
	Date of filing/registration in Florida	4.	Document number
(0)	Jason A. March		
(b)	Registered Agent and Registered Office shown on the records of	the Florida De	ept. of State:
	8525 Atlantic Blvd. LLC		
	Registered Office Address (MUST BE FLORIDA STREET		
	8505 Atlantic Blvd.		
	Jacksonville, FL	32211	
	James A. March		AUG -
	Enter name of NEW Registered Agent and/or NEW Registered	<u>ss:</u>	
	8525 Atlantic Blvd. LLC		
	NEW Registered Office Address:		
	8505 Atlantic Blvd.	<u> </u>	
	Jacksonville , FI,	32211	
e cha ent v as/w e art	imited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited libere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the direction of a member of authorized representative of a member by accept the appointment as registered agent and agricultures 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	f the registe ability compof the limited lial	red office and the business office of the register pany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in bility company. S.A. March Printed or typed name of signee A this canacity. I further garge to comply with the