## \*L13000046355

(Deguated Name)		
(Requestor's Name)		
(Address)		
(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:		
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## **COVER LETTER**

Division of Corporations	
SUBJECT: ATN Properties L	LC
Name of L	Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Or	Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning t	this matter to the following:
Jeffrey Hess	
Name of Person	<del></del>
ATN Properties LLC	
Firm/Company	<del></del>
1131 4th Street N	
Address	
St Petersburg FL 33701	
City/State and Zip Code	<del></del>
chuck@onej.biz	
E-mail address: (to be used for future annual report no	notification)
For further information concerning this matter	er, please call:
Chuck Masi	at (727 ) 896.0622
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 followin	ng amount:
■ \$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 608.416 or 608.50 liability company submits the following statement in order agent, or both, in the State of Florida.	08, Florida Statutes, the undersigned limited r to change its registered office or registered	
1. Name of the limited liability company: ATN Properties LLC		
2. (a) Principal office address of limited liability company:		
(Note: MUST BE STREET ADDRESS)	St Petersburg FL 33701	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	1131 4th Street N	
	St Petersburg FL 33701	
3/28/2013	L13000046355	
	1. Document number	
5. (a) Registered Agent and Registered Office shown on the	ne records of the Florida Dept. of State:	
Registered Agent:	Business Filings Incorporated	
Registered Office Address:	515 E Park Avenue	
	Tallahassee FL 32301	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> : <u>NEW Registered Agent</u> :  Jeffrey Hess		
	1131 4th Street N	
(MUST BE FLORIDA STREET ADDRESS)	St Petersburg FL 33701	
	,FL	
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		
Jeffrey, Hess Printed or typed name of signee		
I hereby accept the appointment as registered agent and agi comply with the provisions of all statutes relative to the propand I am familiar with and accept the obligations of my posi Chapter 608, F.S. Or, if this document is being filed to mere address, I hereby confirm that the limited liability company to Signature of Registered Agent	ree to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.	

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