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## **COVER LETTER**

Division of Corporations ATLANTIC REGION INVESTMENTS, L.L.C. SUBJECT: Name of Limited Liability 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 matter to the following: GILBERT R. PANZER, JR. Name of Person Firm/Company 446 Tiffany Oaks Way Address Boynton Beach, FL 33435 City/State and Zip Code gil@gilpanzerlaw.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: \_\_\_\_ at (\_\_\_\_ Gil Panzer Area Code & Daytime Telephone Number Name of Person Mailing Address: **Street Address:** Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 Enclosed is a check for the following amount: ■ \$25 Filing Fee ☐ \$55 Filing Fee & Certified Copy

TO:

Registration Section

## 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: ATLAN'	ATLANTIC REGION INVESTMENTS, L.L.C.						
(a)	C/O PANZER LAW, P.A.		(b)	446 Tiffany (	Oaks Way			
()	Principal office address of limited liability com (Note: MUST BE STREET ADDRESS)		` ,	Ma	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)			
	301 YAMATO ROAD, SUITE 1240			_				
	BOCA RATON, FL 33431		Boynton Beach, FL 33435					
	12/16/2014		l.	14000191280	)			
	Date of filing/registration in Florida		4.	D	ocument nui	mber		
(a)	PANZER, GILBERT R. JR.							
	Registered Agent and Registered Office shown on the r	records of the	Florida l	Dept. of State:				
	4906 McGill St.					(A)	20	
	Registered Office Address (MUST BE FLORIDA :			ORE // 'ALL AI	2019 DEC 30	ration.		
	Boynton Beach	, FL_33	T' '' '' '' '' '' '' '' '' '' '' '' '' '				30 AK	
(b)						TH ST	7:5	
(6)	Enter name of NEW Registered Agent and/or NEW Registered Office address:					T ATE	5 <b>9</b>	
	NEW Registered Office Address:							
	446 Tiffany Oaks Way							
	Boynton Beach	, FL_33	435					
ange ent w as/we	mited liability company is not organized under or changes are made, the Florida street addre- vill be identical. Or, in the case of a Florida li- re authorized by an affirmative vote of the me eles of organization of the operating agreemen	ss of the reg imited liabil embers of tl	gistered lity con he limit uited lia	office and the office and the open of the office and the office of the o	he business ereby confir company or a my.	office of med that	the reg	istered ange(s)

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.

Printed or typed name of signee

Division of Corporations

• P.O. Box 6327

• Tallahassee, FL 32314

FILING FEE: \$25.00

Signature of Registered Agen

Signature of a member or authorized representative of a member