

L15000125143

(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



300318812923

09/28/18--01015--027 **25.00

FILED
18 SEP 28 AM 6:30
CLERK OF STATE
TALLAHASSEE, FLORIDA

Y SALY

OCT -3 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Atlas Building Company of Florida
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:

Thomas A. Stultz

Name of Person

Atlas Building Company of Florida

Firm/Company

201 Fletcher Avenue, Suite 120

Address

Sarasota, FL 34237

City/State and Zip Code

astultz@atlasbuildsfl.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas A. Stultz at (941) 315-9292
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 following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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.

2. (a) _____ (b) _____
 Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) *(Note: MAY BE POST OFFICE BOX)*

201 Fletcher Avenue, Suite 201

Sarasota, FL 34237

L15000125143

4. Document number

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1717 2nd Street, Suite C

(b) _____
Enter name of NEW Registered Agent and/or NEW Registered Office address:

201 Fletcher Avenue, Suite 120

Sarasota FL 34237

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.

Thomas Andrew Stultz

Printed or typed name of signee

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.

Signature of Registered Agent

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

INHS18 (2/14)