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Office Use Only



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December 29, 2017

DESTINY BAYLOR PARACORP INCORPORATED 2804 GATEWAY OAKS DR #100 SACRAMENTO, CA 95833

SUBJECT: ATLANTIC FAMILY INVESTMENTS, LLC

Ref. Number: L16000100677

We have received your document for ATLANTIC FAMILY INVESTMENTS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

FORM MUST CONTAIN CURRENT REGISTERED AGENT ON LINE 5A

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 617A00026317

Stacey M Warren Regulatory Specialist II

www.sunbiz.org

COVER LETTER

	Registration Section Division of Corporations					
SUBJE	Atlantic Family Investments	Atlantic Family Investments, LLC				
3010012		ne of Limited Liability Company				
Dear Si	r or Madam:					
The enc	closed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.				
Please r	return all correspondence concerning th	is matter to the following:				
Destin	y Baylor					
	Name of Person					
Parac	orp Incorporated					
	Firm/Company					
2804	Gateway Oaks Dr #100					
	Address					
Sacra	mento, CA 95833					
	City/State and Zip Code					
parac	orp@myparacorp.com					
Ē	-mail address: (to be used for future and	nual report notification)				
For furt	ther information concerning this matter	, please call:				
Destin	ny Baylor	800 533-7272				
	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				

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.

1. Na	ame of the limited liability company:	Atlantic Famil	y Invest	ments, LLC	· ·	
2. (a)	1692 WEST HIBISCUS BLVD		(b)	1692 WES	ST HIBISCU	S BLVD
2. (a)	Principal office address of limited lia (Note: MUST BE STREET A			Mai		nited liability company: OST OFFICE BOX)
	MELBOURNE, FL 32901			MELBOUR	RNE, FL 329	01
			_			
	05/24/2016			L1600010	0677	
3.	Date of filing/registration in		4.		ocument numb	
5. (a)	B&C Corporate S Registered Agent and Registered Office show	Services on on the records of t	OF (the Florida	CotFal Dept. of State:	Florid	a, Inc.
		LORIDA STREET,				≥
	390 North Drai	ge Aver	nue,	Suite	1400	
	orlando	nge Aver	32	301		JM 10 M
(b)	Paracorp Incorporated					
. ,	Enter name of NEW Registered Agent and/	or NEW Registered	Office add	ress;		08.04.5 0.4.5
	155 Office Plaza Drive, 1s	st Floor				
	NEW Registered Office Address:	-				
		······································	<u></u> .			
	Tallahassee	, FL	323	01		
the chagent was/w	limited liability company is not organiange or changes are made, the Florida will be identical. Or, in the case of a lere authorized by an affirmative vote licles of organization or the operating.	street address of Florida limited lia of the members o	the regis ability co of the lim	tered office a mpany, it is h ited liability c	nd the business ereby confirms company or as	s office of the registered ed that the change(s)
	A. Justice				Anthony	W. Justice
_	ature of a member or authorized representative				rinted or typed na	
I here provis the ob to mer notifie	eby accept the appointment as register ions of all statutes relative to the pro- ligations of my position as registered ely reflect a change in the registered ed in writing of this change.	red agent and agr per and complete agent as provide office address, I	ree to act performe d for in C hereby co	in this capaci nice of my du Thapter 605, F infirm that the	ity. I further a ties, and I am f S. Or, if this e limited liabili	gree to comply with the familiar with and accept document is being filed ity company has been

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