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COVER LETTER

TO:

INHS18 (2/14)

Registration Section

Divi	sion of Corporations				
SUBJECT:	ATLANTIC PROPERTY COMPANY LLC				
	Name of Limited Liability Company				
Dear Sir or N	Madam:				
The enclosed	d Registered Agent/Registered Offi	ce Change and	d fee(s) are submitted for filing.		
Please return	n all correspondence concerning thi	s matter to the	e following:		
MARIE ST	RAUGHN				
	Name of Person				
STRAUGH	IN & TURNER, P.A.				
	Firm/Company				
255 MAGN	NOLIA AVE, SW				
	Address				
WINTER H	HAVEN, FL 33880				
	City/State and Zip Code				
mstraughn	@straughnturner.com				
E-mail	address: (to be used for future annual	ial report noti	fication)		
For further in	nformation concerning this matter,	please call:			
JD Alexan	der	863	528-4272		
	Name of Person	(Area Code & Daytime Telephone Number		
Regi Divi	EET/COURIER ADDRESS: stration Section sion of Corporations on Building	R D	IAILING ADDRESS: egistration Section ivision of Corporations O. Box 6327		
	Executive Center Circle ahassee, Florida 32301	T	allahassee, Florida 32314		
Encl	losed is a check for the following	amount:			
☑ \$2	25 Filing Fee	□ \$	555 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 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	me of the limited liability company:	ROPE	RTY COI	MPANY LLC			
2.	(a)	2300 N SCENIC HWY, ML 50	(b) 2300 N SCENIC HWY, ML 50					
	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			y:		
		LAKE WALES, FL 33898	_	LAKE	WALES, FL 33898	<u> </u>		
		OCT 28, 2016	_	 L16000	198305			
3.		Date of filing/registration in Florida	4.		Document number			
5.	(a)	DEAN MEAD SERVICES, LLC						
		Registered Agent and Registered Office shown on the records of the 420 S. ORANGE AVE	he Florio	la Dept. of S	tate:			
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS) SUITE 700			_		2016 ĀP	
		ORLANDO FL	32801	•		3 2	PR T	Constant Constant
	(b)	STRAUGHN& TURNER, P.A. Enter name of NEW Registered Agent and/or NEW Registered Office address:			_	Y OF STATE	18:11 H3 3	
		255 MAGNOLIA AVE, SW				ا هريو.	ч.	
		NEW Registered Office Address:						
		WINTER HAVEN , FL	33880					
the age was	cha nt v s/we	mited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of cless of organization or the operating agreement of the l	the reg bility of f the lii	istered off company, i nited liabi	ice and the business of t is hereby confirmed (lity company or as oth	ffice of that the o	he regi change	stered (s)
	X	V	JC	HN D. A	LEXANDER			
	- ([ure of a member or authorized representative of a member			Printed or typed name	_		
pro the to i	visi obl nere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I have in writing of this change.	ee to ac perform I for in ereby (ct in this co nance of m Chapter 6 confirm the	apacity. I further agre ty duties, and I am fam 05, F.S. Or, if this do at the limited liability	ee to com uiliar wit cument i company	ply wi h and c s being has b	th the accept g filed een
Sig	natu	re of Registered Agent Richard E. Straughn						

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25,00

INHS18 (2/14)