Division of Corporations Electronic Filing Cover Sheet

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10.	Division of Corporations	=
	Fax Number : (850)617-6383	1
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From:		· 3
	Account Name : M. BURR KEIM COMPANY	<u>۔</u> بو
	Account Number : I19990000242	<u>.</u>
	Phone : (215)563-8113 Fax Number : (215)977-9386	မ
* #Entenn	the email address for this business entity to be used for futur	٠6
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A. LUNT

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	une of the limited liability company: FV ATLAI	NTIC	B	YTNUC	, LLC					
2	(a)	985 Ocean Drive Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			(b) 985 Ocean Drive						
۷.	(a)				Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)						
		Cape May, NJ 08204	May, NJ 08204_								
		12/31/2016			L16000233829						
3.		Date of filing/registration in Florida	4.			Document number					
5.	(a)	W. Bradley Munroe, Esq.									
٠.	(,	Registered Agent and Registered Office shown on the records of	:								
		239 E. Virginia Street									
		Registered Office Address (MUST BE FLORIDA STREE			Ν.	S					
							ند پ	20 20 20 20 20 20 20 20 20 20 20 20 20 2			
		Tallahassee, Ł	_L 3230)1		CRETAR SION OF U					
	(Ն)	Registered Agents Inc.		7 AM 9: 36	COR:						
	(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			•	ST ST ST					
		7901 4th St N			STATE ORATIONS						
		NEW Registered Office Address:			0,						
		STE 300									
		St. Petersburg	_{-L} 337	02							
th ag w	e cha gent v as/w e art	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization of the marrating agreement of the	of the re liability s of the l re limite	egist cor limi ed li	ered office mpany, it is ted liability	s and the business offices is hereby confirmed that y company or as otherw apany.	the cha	registered inge(s)			
		ture of a member or authorized representative of a member				Printed or typed name of sig					
HC.	B	by accept the appointment as registered agent and a sions of all statutes relative to the proper and comple ligations of my position as registered agent as providely reflect a change in the registered office address, discontinuous of this change. Bill Havre - Assista	_			acity. I further agree to duties, and I am familia 5, F.S. Or. if this docum the limited liability com	compar with r with cent is a pany h	y with the and accept being filed as been			
S	ignatı	ire of Registered Agent									

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