117000245611

(R	equestor's Name)			
· (A	ddress)			
(A	ddress)			
(C	ity/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(В	usiness Entity Name	9)		
(Document Number)				
Certified Copies	Certificates o	of Status		
Special Instructions to Filing Officer:				
		;		

Office Use Only



100312764871

05/03/18--01007--008 **25.00



COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Atlantic PALLC Name of Lin	mited Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Cha	nge and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter	er to the following:			
Name of Person				
Atlantic PHLCC Firm/Company				
3278 LayMonda Drine	· 			
Helboune, FL32940 City/State and Zip Code				
E-mail address: (to be used for future annual repo	ort notification)			
For further information concerning this matter, please	call:			
Nivmin Wasv at (321) 514-4694 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.

l. Na	ame of the limited liability company: Atlantic	- PH LC	c		
	3278 Lamanga Drive Principal office address Dimited liability company:		-8 Laman	da Dr W Inhited liability comp	any:
	(Note: MUST BE STREET ADDRESS)		(Note: MAY BE	E POST OFFICE BO	•
	Melboure, FL32940	Wells	104, FL3:	2940	
		ı			
	11/30/17		170002	45611	
3.		4.	Document nun	nber	
	Nirmin Noisy	 	_		
	Registered Agent and Registered Office shown on the records of the I	Florida Dept. of Sta	nte:		
	3278 Lamanga Drive		_		
	Registered Office Address (MOST BE FLORIDA STREET ADD	<u>ORESS)</u>		A 2	
			_	£	
	Melhouse , FL	32940		HAY AHA	T
		J		-3 SSE	ILE
(b) .			-	門の主	m
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Off</u>	ice address:		1 9. STALL CORI	\overline{D}
	2717 Hozel Grove Ln			IDA	
	NEW Registered Office Address:	· · · · · · · · · · · · · · · · · · ·	·		
(Oviedo, FL 32766				
	,				
	- Vicdo , FL	322-66			
If the li	limited liability company is not organized under the laws of	of the State of F	lorida, it is herel	y confirmed that	after
the char	ange or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liabil	registered officity company, it	ce and the busine is hereby confir	ess office of the remed that the change	gistered ge(s)
was/we	ere authorized by an affirmative vote of the members of the	ne limited liabil	ity company or a	s otherwise provid	ded in
the artic	icles of organization or the operating agreement of the lim	•	- •		
Signati	ature of a member or authorized representative of a member	<u> </u>	30118 Printed or typed	name of signee	
provisio the obli to mere	eby accept the appointment as registered agent and agree to ions of all statutes relative to the proper and complete per ligations of my position as registered agent as provided for ely reflect a change in the registered office address, I here in writing of this change.	to act in this ca	nacity I further	agree to comply	with the d accept ng filed been
Signatur	are of Registered Agent				
	are or annual contract to the contract of the				