## 11800015194

| (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



500313274015

05/14/18--01046--014 \*\*55.00

PILED 2018 MAY 14 PH 4: 16 SECRETARY OF STATE, ALLAHASSEE, FINDRIA

## COVER LETTER

|                                   | istration Section ision of Corporations  |                    |  |                 |        |  |  |  |
|-----------------------------------|--|--------------------|--|-----------------|--------|--|--|--|
| SUBJECT:                          | Zahringer PLLC   |                    |  |                 |        |  |  |  |
| Name of Limited Liability Company |  |                    |  |                 |        |  |  |  |
| Dear Sir or                       | Madam:   |                    | ·  |                 |        |  |  |  |
| The enclose                       | d Registered Agent/Registered Off  | ice Change and t   | fee(s) are submitted   | for filing.     |        |  |  |  |
| Please return                     | n all correspondence concerning th   | is matter to the f | ollowing:  |                 |        |  |  |  |
|                                   | •  |                    |  |                 |        |  |  |  |
| James Du                          | ncan Zahringer Jr, Esq   |                    |  | •               |        |  |  |  |
|                                   | Name of Person   |                    | <b>,</b>   | ,               | •      |  |  |  |
|                                   |  |                    |  |                 |        |  |  |  |
|                                   | Firm/Company   |                    | <del>-</del>   |                 |        |  |  |  |
| 319 29th 8                        | Street   |                    |  |                 | ,      |  |  |  |
|                                   | Address  |                    | <del></del>  |                 |        |  |  |  |
| West Paln                         | n Beach, FL 33407  | . ,                |  |                 |        |  |  |  |
| PSAN                              | City/State and Zip Code  |                    | <del></del>  |                 |        |  |  |  |
| duncan@atlasinnovation.io         |  |                    | Mark 1   | t.              |        |  |  |  |
| E-mail                            | address: (to be used for future ann  | ual report notific | cation)  |                 | :      |  |  |  |
| For further i                     | nformation concerning this matter,   | please call:       |  |                 |        |  |  |  |
| J. Duncan                         | Zahringer Jr, Esq  | 561 at (           | 596-9359   |                 |        |  |  |  |
|                                   | Name of Person   |                    | Area Code & Dayt   | ime Telephone N | lumber |  |  |  |
| Reg<br>Divi<br>Clift<br>266       | REET/COURIER ADDRESS: istration Section sion of Corporations ton Building 1 Executive Center Circle ahassee, Florida 32301 | Reg<br>Div<br>P.O  | sitration Section<br>ision of Corporation<br>. Box 6327<br>lahassee, Florida 323 | as              |        |  |  |  |
| Enc                               | losed is a check for the following   | amount:            | ,  |                 |        |  |  |  |
| □ \$                              | 25 Filing Fee  | ☑ \$5:             | 5 Filing Fee & Certi   | fied 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: Zahringer F   | PLLC  |   |   |  |   |
|-------------------------------|---|---|---|---|--|---|
| 2. (a)                        |   |   | (b)   |   |  | •   |
| 2. (u)                        | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)   | <del></del>                                       | Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX) |   |  |   |
|                               | 319 29th Street   |   | 319 29th Street   |   |  |   |
|                               | West Palm Beach, FL 33407   |   | West Pa   | FL 33407  |  |   |
|                               | 1/17/2018   |   | L180000   | 15194   |  |   |
| 3.                            | Date of filing/registration in Florida  | 4.  |   | Document nu   | ımber  |   |
| 5. (a)                        | ZAHRINGER, JAMES D, JR.   |   |   |   |  |   |
| 5. (a)                        | Registered Agent and Registered Office shown on the records   | s of the Flo                                      | rida Dept. of Stat  | -<br>e:   |  |   |
|                               |   |   |   |   |  |   |
|                               | Registered Office Address (MUST BE FLORIDA STREE  | ET ADDR   | ESS)  | -   | ACC CONTRACTOR   |   |
|                               | 217 MALVERNE ROAD   |   |   |   | HAY 14<br>HETAR<br>AHASS   | <b>T</b> :  |
|                               | WEST PALM BEACH   | FL 3340   | )5  | _   | L43  | -   |
|                               |   | <del>4 </del>                                     |   | -   | デジュー<br>で<br>で<br>で<br>で<br>で<br>で<br>で<br>に<br>で<br>に<br>り<br>に<br>り<br>に<br>り<br>に<br>り<br>に<br>り<br>に | m   |
| (b)                           | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>  |   |   | -   | LORID  | C)  |
|                               | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>  | red Office  | address:  |   |  |   |
|                               | JAMES DUNCAN ZAHRINGER JR, ESQ  |   | •   |   |  |   |
|                               | NEW Registered Office Address:  | · · · · ·   |   | _   |  |   |
|                               | 319 29TH Street   |   |   | ·   |  |   |
|                               | WEST PALM BEACH   | <sub>171</sub> 3340                               |   | -   |  |   |
|                               | **************************************  | FL  | <del></del>   | <u>.</u>  |  |   |
| the cha<br>agent w<br>was/we  | imited liability company is not organized under the image or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the member cles of organization or the operating agreement of the image. | s of the re<br>d liability<br>rs of the           | egistered office<br>company, it i<br>limited liabilit                         | e and the busing<br>s hereby confin<br>y company or                         | ness office of the med that the c  | ne registered<br>hange(s)                             |
|                               | Sucur Serling   | J.  | AMES DUN  | CAN ZAHRI   |  |   |
|                               | aire of a member of authorized representative of a member   |   |   |   | d name of signee   |   |
| provisio<br>he obli<br>o mere | by accept the appointment as registered agent and cons of all statutes relative to the proper and completigations of my position as registered agent as provicy reflect a change in the registered office address, Lin writing of this change.                                      | agree to<br>ete perfo<br>ided for i<br>, I hereby | act in this cap<br>rmance of my<br>n Chapter 605<br>v confirm that            | acity. I furthe<br>duties, and I a<br>I, F.S. Or, if th<br>the limited liad | r agree to com<br>im familiar with<br>his document is<br>bility company                                  | ply with the<br>and accept<br>being filed<br>has been |
| <u>ک۔</u>                     | Dear Span   | 1   |   |   |  |   |
| əignatur                      | re of Registered Agent  |   |   |   |  |   |

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