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COVER LETTER

то:	Registration Section Division of Corporations					
SUBJECT: Atlantic Management of Florida, LLC Name of Limited Liability Company						
						Dear S
The en	closed Registered Agent/Registered Offic	e Change and fee(s) are submitted for filing.				
Please	return all correspondence concerning this	matter to the following:				
Antho	ony Licudine					
	Name of Person					
Atlant	tic Management of Florida, LLC					
	Firm/Company					
8 Win	ndsor Road West					
	Address					
Jupite	er, Florida 33469					
	City/State and Zip Code					
Antho	ony.Licudine@gmail.com					
E-mail address: (to be used for future annual report notification)						
For fur	ther information concerning this matter, p	ilease call;				
		954 821-0899				
	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				

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 Mana	gement of Flor	da, LLC		
2. (a)	8 Windsor Road West, Jupiter, FL 33469	(b) 8 Wind	8 Windsor Road West, Jupiter, FL 33469		
Σ. (α)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	8 Windsor Road West, Jupiter, FL 33469	8 Wind	Isor Road West, Jupiter, FL 33469		
	05/29/2018	L18000	132150		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	Adrienne Martin				
` '	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:				
	Registered Office Address (MUST BE FLORIDA STREET A	_			
	Deerfield Beach FI	33442			
(b)	Anthony Licudine Enter name of NEW Registered Agent and/or NEW Registered Office address:				
	NEW Registered Office Address:		_		
	8 Windsor Road West				
	Jupiter , FL	33469			
the cha agent v was/we the arti	imited liability company is not organized under the lavinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lighter authorized by an affirmative vote of the members of organization or the operating agreement of the	the registered offi ability company, it of the limited liabil	ice and the business office of the registered is hereby confirmed that the change(s) lity company or as otherwise provided in impany.		
Signa	ture of a member of muthorized representative of a member		Printed or typed name of signee		
l Herei provisi the obl to mere notified	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely effect or thange in the registered office address, I have a finitely of this change.	ee to act in this ca performance of m d for in Chapter 6 hereby confirm tha	spacity. I further agree to comply with the y duties, and I am familiar with and accept 05, F.S. Or, if this document is being filed at the limited liability company has been		
(I)Social &	r of Registered Agen				

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