

L18000262566

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

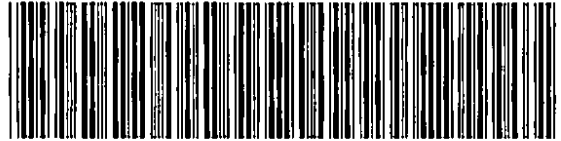
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800320775988

11/19/18--01018--004 \*\*25.00

FILED  
2018 DEC 12 PM 1:29  
FBI - CHASSIS: LONDON

D. BRUCE  
DEC 12 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 1, 2018

TERRY ALEXANDER  
1919 BEAUTIFUL AVENUE  
WEST PALM BEACH, FL 33407

SUBJECT: ATS HOLY ROYAL ARCH MASONS LLC  
Ref. Number: L18000262566

We have received your document for ATS HOLY ROYAL ARCH MASONS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce  
Corporate Records Supervisor

Letter Number: 818A00024608

FILED  
2018 DEC 12 PM 1:25  
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ATS Holy Royal Arch Masons

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Terry Alexander

Name of Person

ATS Holy Royal Arch Masons LLC

Firm/Company

1919 Beautiful Avenue

Address

West Palm Beach, FL 33407

City/State and Zip Code

tleon215@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Terrance Leon Alexander

at ( 561 ) 324-1180

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

2018 DEC 12 PM 1:29  
TALLAHASSEE - FLORIDA

FILED

**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. Name of the limited liability company: ATS Holy Royal Arch Masons

2. (a) Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)

1919 Beautiful Avenue

West Palm Beach, FL 33407

16 November 2018

(b) Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)

3. Date of filing/registration in Florida

4. Document number

5. (a) Terry Alexander

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1919 Beautiful Avenue

West Palm Beach, FL 33407

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

Terrance Leon Alexander

NEW Registered Office Address:

1919 Beautiful Avenue

West Palm Beach, FL 33407

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Terrance Leon Alexander  
Signature of a member or authorized representative of a member

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change to the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Terrance Leon Alexander  
Signature of Registered Agent

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

FILING FEE: \$25.00