

L190000 22871

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

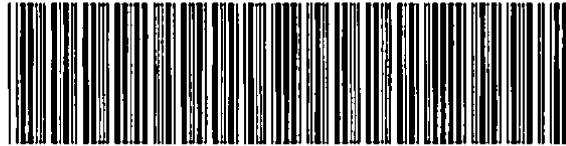
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FEB 15 2021

2021 FEB - 8 AM 7:52

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2021 FEB -01 PM 2:01

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 26, 2021

JAMES COGHLAN
ATELIER DORAL LLC
2170 NW 87 AVENUE
DORAL, FL 33172

SUBJECT: ATELIER DORAL LLC
Ref. Number: L19000022871

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a FLORIDA CORPORATION, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 521A00001791

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Atelier Doral LLC
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:

James Coghlan
Name of Person

Atelier Doral LLC
Firm/Company

2170 NW 87 Avenue
Address

Doral, FL 33172
City/State and Zip Code

James.Coghlan@Atelier4.com
E-mail address: (to be used for future annual report notification)

or further information concerning this matter, please call:

James Coghlan at (718) 433-3500
Name of Person Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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.

Name of the limited liability company: Atelier Doral LLC

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

2170 NW 87 Ave

Doral, FL 33172

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

1/28/2019

Date of filing/registration in Florida

L19000022871

4. Document number

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

CT Corporation

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1200 South Pine Island Rd

Plantation

, FL 33324

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

Michael Thompson

NEW Registered Office Address:

2170 NW 87 Ave

Doral

, FL 33172

2021 FEB - 8 AM 7:52

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

Signature of a member or authorized representative of a member

ANDREW FAINTYCH

Printed or typed name of signee

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

Michael Thompson

Signature of Registered Agent